

IV. IDENTIFICATION - TO BE COMPLETED BY OWNER/CONTRACTOR

NAME ADDRESS – Number, street, city, state ZIP CODE PHONE

1.
Owner or
Lessee

2.
Contractor

3.
Architect or
Engineer

I hereby certify that the proposed work is authorized by the owner of record and that I/we have been authorized by the owner of record to make this application as his authorized agent and we agree to conform to all applicable ordinances of this jurisdiction.

Signature of Owner/Agent

Address

Phone #

Application Date

DO NOT WRITE BELOW THIS LINE

PLAN REVIEW RECORD – For Administrative Review

Plans Review Required	Check	Date Plans Submitted	By	Notes
-----------------------	-------	----------------------	----	-------

PLOT PLAN

BUILDING FOOTPRINT

OTHER -----

APPLICATION COMPLIANCE REVIEW - Plot Plan & Footprint

VALIDATION

Zoning District _____

Zoning Permit Number _____

Use _____

Date Permit Issued _____

Front Yard Setback _____ Req. _____ Prop. _____

Permit Issuance Fee _____

Side Yard Setback _____ Req. _____ Prop. _____

Rear Yard Setback _____ Req. _____ Prop. _____

Notes: _____

Approved By:

Zoning Officer Date