

Contact Person	Mailing Address	City, State Zip	Phone
Email Address:			
Occupant	Mailing Address	City, State Zip	Phone
Property Owner	Mailing Address	City, State Zip	Phone
Architect	Mailing Address	City, State Zip	Phone
Contractor	Mailing Address	City, State Zip	Phone
State Contractor License #	State Tax License #	City Business License #	

I hereby certify that I have read and examined this permit application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

INSPECTION POLICY: Inspection requests should be received 24 hours prior to your requested inspection time. Friday inspections may be requested when needed but must be requested before 12:00 p.m. on Thursday. Friday inspections shall occur before 12:00 p.m. Please be advised in order for a permit to remain active, an inspection must be completed at least once every 180 days starting from the date the permit was issued.

Owner/Representative Signature

Date

- OFFICE USE ONLY - CERTIFICATE OF ZONING COMPLIANCE	
Zoning District: _____	
Permitted Maximum Lot Coverage: _____%	Total Lot Coverage: _____%
Setbacks: Front _____ Rear _____ Side _____	
Zoning Compliance: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments _____	
_____ <i>Zoning Officer Signature</i>	