



Building Permit Review

Version: 06/14/18

Building Permit #: _____ City file # (if applicable): _____

Owner Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Contractor/Consultant: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

PROJECT DESCRIPTION

Property Address: _____ Sq. Ft. _____

Present Use: Commercial _____ Industrial _____ Residential _____ Vacant _____ Other _____

Subdivision: _____ Lot #: _____ Tax Map ID: T15 R10 S Lot _____

Water Meter Size: _____ (A Water/Sewer fixture count form must be submitted for Commercial/Industrial/Multi-Family permits.)

Brief description:

Applicant Signature

Date

Property Owner Signature (if different)

Date

FOR OFFICE USE ONLY

Date Received: _____ Rec'd by: _____

FOR OFFICE USE ONLY

APPROVAL TO RELEASE FOR BUILDING PLAN REVIEW

CDD Approval: _____ Date: _____

Public Works Approval: _____ Date: _____

Notes:

Notes:

SDC = Water: \$ _____ Sewer: \$ _____ Parks: \$ _____ Transportation: \$ _____

Total SDC due at permit issuance: \$ _____

APPROVAL TO ISSUE PERMIT

CDD Approval: _____ Date: _____

Public Works Approval: _____ Date: _____

Notes:

Notes:

SDC amount paid: \$ _____ Receipt #: _____ Rec'd by: _____

APPROVAL TO ISSUE CERTIFICATE OF OCCUPANCY

CDD Approval: _____ Date: _____

Public Works Approval: _____ Date: _____

Notes:

Notes: