



BUILDING DEPARTMENT

Revision***

***Permit was issued.

Commercial (\$75.00 min.)

Residential ((\$45.00 min.)

Date:

*Permit #:

Received By:

Project Name:

* Job Address:

* Owner / Contractor Name:

* Phone:

* Fax:

*Required Fields

* Reason for Submittal:

Square footage:	FROM	TO:
Valuation:	FROM \$	TO: \$
Value difference:	\$	

Reviews	date sent	date app/rej	by	returned	Fees
DRD					
Zoning					
Res Plan Rev					
Comm Plan Rev					
Fire					
Other					

TOTAL FEES