



BUILDING DEPARTMENT

Revision***

***Permit was issued.

Commercial (\$250.00)

Residential ((\$75.00 min.)

Date: _____ *Permit #: _____ Received By: _____

Project Name: _____

* Job Address: _____

* Owner / Contractor Name: _____

* Phone: _____ * Email: _____

*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