



# 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