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Lessee/Buyer's Name	Business Name:		Contractor Name	Contractor Name:		Contractor Address:			Phone	
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permit and stop all work Site Plan	within six (6) months of the date of issuance.			Flood Zone		Conditi	Conditional Use		Requires Review	
CERTIFICATION I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representat shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable such permit.				Subdivision		Interpre	☐ Interpretation		Approved	
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SIGNATURE OF APPLICANT ADDRESS DATE PHONE	I have been authorize jurisdiction. In additi shall have the authori	d by the o	owner to make this appl ermit for work describe	amed property, or the ication as his authoral in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all appl ial's autl	icable laws of this norized representative	
	SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE