

Zone

Appl ID
Dept
Appl. Date
CBL
Recommendation Date

Status
Property Location
Approval Date

Appl Type
Review Type
Enactment Date

Received	<input checked="" type="checkbox"/>	Date:	<input type="text" value="08/14/2014"/>					
Not Complete	<input checked="" type="checkbox"/>	Date:	<input type="text" value="08/18/2014"/>	Needed:	<input type="text" value="Need the three standards more specifically addressed."/>			
Complete	<input checked="" type="checkbox"/>	Date:	<input type="text" value="08/18/2014"/>					
Zone Cert	<input type="checkbox"/>	Date:	<input type="text"/>	Needed:	<input type="text"/>			
Distributed	<input type="checkbox"/>	Date:	<input type="text"/>					
Preliminary Review	<input type="checkbox"/>	Started:	<input type="text"/>	Finished:	<input type="text"/>	App Notified:	<input type="text"/>	<input type="text"/>
Revision 1	<input type="checkbox"/>	Started:	<input type="text"/>	Finished:	<input type="text"/>	App Notified:	<input type="text"/>	<input type="text"/>
Revision 2	<input type="checkbox"/>	Started:	<input type="text"/>	Finished:	<input type="text"/>	App Notified:	<input type="text"/>	<input type="text"/>
Revision 3	<input type="checkbox"/>	Started:	<input type="text"/>	Finished:	<input type="text"/>	App Notified:	<input type="text"/>	<input type="text"/>
Final Review	<input type="checkbox"/>	Started:	<input type="text" value="8/14/2014"/>	Finished:	<input type="text" value="8/18/2014"/>			
Approved	<input checked="" type="checkbox"/>	Date:	<input type="text" value="9/4/2014"/>	Expires:	<input type="text" value="3/4/2015"/>	Extended:	<input type="text"/>	App Notified: <input type="text" value="09/05/2014"/>
Denied	<input type="checkbox"/>	App Notified:	<input type="text"/>					
BP Approved	<input type="checkbox"/>	Approval Date:	<input type="text"/>	By:	<input type="text"/>			

