Project Address:			
Total Square Footage of Proposed	Area of lot (total sq. ft.):		
Structure/Area:	Garage: Yes	No	Number of Stories:
	Attach	ed	Number of Bathrooms:
			Number of Bedrooms:
			Number of Bearsonis.
	Sq. Ft.	·	
Tax Assessor's Chart, Block & Lot(s): Chart# Block # Lot #			
Current legal use:			
Number of Residential Units			
If vacant, what was the previous use?			
Is property part of a subdivision? If yes, please name			
Project Description:			
APPLICANT – (must be owner, Lessee o	r Buyer)		
Name:		Work #	
Business Name, if applicable:		Home#	
Address:		Cell #	
City/State : Zip Code:		e-mail:	
OWNER INFORMATION – (if different from	om Applicant)		
Name:		Work #	
Address:		Home#	
City/State : Zip Code:		Cell #	
		e-mail:	
CONTRACTOR INFORMATION:		Contact when Duild	ing Downit in Dondon
		Contact when Building Permit is Ready:	
Name: Address:		Name:	
		Phone Number:	
City/State : Zip Code:			
Phone Number:		e-mail:	
e-mail:			