

# Additional Information

(use when permit has not been issued)

Commercial

Residential

**\*Required Fields**

Date:

\*Permit #:

Received By:

Contractor:

**\*Job Address:**

**\*Owner / Contractor Name:**

**\*Phone:**

**\*Fax:**

**\*Email:**

**\*List Items being Submitted:**

Square Footage:

FROM:

TO:

Valuation:

FROM: \$

TO: \$

Value difference:

\$

Permit #:

Reviews	Date Sent	Date	AP / COR	By	Fees
Addressing					
P&D					
Zoning					
Building					
Electrical					
Fire					
Mechanical					
Plumbing					
Other					

TOTAL FEES