

Property Owner:	· :	P	ermit #:		
STRAP #:		Lot: Block:		Block:	Unit:
Job Address:		Pro	ject Name:		_
Directions to job	D:				
Contractor Busin	ness Name / Applicant Nar	me:			
License Number:		Phone:			
Email Address:					
Estimated Job Value*: \$		Estimated Sq. Ft.:		Volts	:
Please select all	that apply: (Note: Multiple system Nurse Call Pool Alarm Landscape Lighting	stems can be applied for on the Gate Controls HVAC Controls	e same applica □ Ener □ Cent	ation, if the same co gy Management ral Vacuum Syst or Lighting Cont	em
☐ Audio	□ Other:	☐ Remote Controls			•
 or greater, the f Plan Rev Three set Sca Site Permit Fe 	d work was not reviewed following will also be red iew Fee - \$50 due at applits of the following: aled Floor Plan, including the Plan, if applicable (for exercise - \$0.02 per square foot	quired: ication submittal device and equipment loc iterior fixture locations) with a minimum \$75 per	cations application	due after plan re	eview is approved
HAS BEEN MADE F THE ZONING CLA UNDERSTANDS THE OCCUPANCY IS IS THE IMPROVEMEN	DID IF THE FIRST INSPECTION FOR A PERIOD OF SIX (6) MO ASSIFICATION IS VIOLATED. HAT THE PROPOSED STRUC SUED. APPLICANT FURTHER NTS IS A MISDEMEANOR AND MPLY WITH THE MECHANIC	NTHS FROM THE MOST RE APPLICANT AGREES TO TURE MAY NOT BE USED UNDERSTANDS THAT FAIL UPON CONVICTION, APPL	CENTLY PAS COMPLY WOR OCCUPIE URE TO OBT ICANT CAN E	SED INSPECTION. /ITH THE SANITA ED UNTIL AN APPR AIN PERMIT OR M BE PUNISHED AS F	THE PERMIT IS VOID IF RY REGULATIONS AND ROVED CERTIFICATE OF ISREPRESENTATION OF PROVIDED BY THE LAW.
Restrictions.	to the best of my knowledge,		•		·
Authorized Signati	ure:		Date:		

Printed Name: