



COMMUNITY DEVELOPMENT SUBMITTAL FOR MASTERING PLANS

Date: _____

Case #: _____

Contractor Name: _____

Contractor License #: _____

Contractor Address: _____

Contact Person: _____

Phone #: _____ Fax #: _____ Email Address: _____

Type of Construction: _____

(i.e. Aluminum, SFR, Duplex, 6 Unit Condo)

Model Name: _____

Project Name (if applicable): _____