

Zoning Permit Application

Project Address	_____
Applicant	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other (describe)_____
Owner / Tenant	Name_____ Phone_____
	Address_____ Email_____
Contractor	Company Name_____ Phone_____
	Contact_____ Email_____
	Address_____
	State Credential #'s _____ , _____ Dwelling Contractor Qualifier # Dwelling Contractor #
Permit Type	<input type="checkbox"/> Residential Single Family <input type="checkbox"/> Residential Duplex <input type="checkbox"/> Commercial <input type="checkbox"/> Multifamily <input type="checkbox"/> Industrial
Category	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration
Project Description	_____ _____ _____ _____
Value of Job	\$ _____ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.)
	Payment by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Fee Account <input type="checkbox"/> Credit/Debit Card (office or online only)
<i>I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.</i>	
Name: _____ (Please print) Date: _____	
Signature: _____	