

JOB ADDRESS _____ PROJECT # _____

DATE REC'D _____ **Circle one** NEW ALTERATION ADDITION REPAIR DEMOLITION

DESCRIPTION _____

APPLICANT/CONTACT _____

APPLICANT ADDRESS _____ PHONE _____

LOT _____ BLOCK _____ TRACT _____

DEPARTMENT USE ONLY

ZONE	Special Set Backs	F	S	R	CF to PL	CASE NO.
Flood Cert. Req'd <input type="checkbox"/>	Historical Approval Req'd <input type="checkbox"/>	Zoning Approved <input type="checkbox"/>	Planning Stamp Req'd <input type="checkbox"/>	Special Plan Permit Req'd <input type="checkbox"/>	Redevelopment Approval Req'd <input type="checkbox"/>	Page #