

PROJECT CONTACT INFORMATION

In order to ensure project correspondence is transmitted to the appropriate person(s), all comments or questions will be forwarded to the contact person(s) designated below. All applicable fields are required to be completed for processing. If fields are incomplete, the project will be put on hold until information is received. Please contact the Building Division if the contact person(s) changes.

Project Name: _____

Project Location/Address: _____

Project Description: _____

Primary Project Contact Information

Contact Name: _____

Company Name: _____

Relationship to Project: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Property Owner Information

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Tenant/Business Owner Information

Contact Name: _____

Tenant/Business Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

OFFICE USE ONLY

Building Permit # _____ Application Date: _____