



REQUEST FOR ADDITIONAL INFORMATION PERMITS NOT ISSUED

Route To: _____
RSN # _____

RESIDENTIAL – 2 COPIES / COMMERCIAL – 3 COPIES
RESIDENTIAL WITH FIRE ALARM &/OR SPRINKLER SYSTEM – 3 COPIES

*****NO FAX COPIES*****

If project was reviewed by a **Private Provider**, you will need to have the Private Provider approve the change(s) prior to submittal to the Building Dept. Unapproved or incomplete submittals will only be retained on file for 30 days from date of submittal. Subsequently a complete re-submittal will be required.

Date: _____ Received By: _____

Permit # _____ / RSN # _____ Reviewed By: _____

Job Site Address _____

Project Name (Commercial) _____

Contractor's Name _____ Contact Person _____

Contact Phone # _____ Fax # _____ E-Mail _____
(Do not list numbers that have call blocking service)

***** Incomplete forms will be returned to the applicant *****

*** INFORMATION SUBMITTED (REQUIRED):** _____

RESPONSE DUE TO:

- | | |
|---|--|
| <input type="checkbox"/> Plans Examiner | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Land Development | <input type="checkbox"/> Environmental Mgmt |
| <input type="checkbox"/> Fire Marshal | <input type="checkbox"/> Other (explain) _____ |

DEPARTMENT REVIEW (OFFICE USE ONLY) ** PLEASE POST TRACKING COMMENTS & DATE IN COMMENT FIELD**

	Initials	Date	Reviewed	Rejected	N/A
<input type="checkbox"/> ZONING:	_____	_____	_____	_____	_____
<input type="checkbox"/> PLAN REVIEW:	_____	_____	_____	_____	_____
<input type="checkbox"/> FIRE:	_____	_____	_____	_____	_____
<input type="checkbox"/> ENVMG:	_____	_____	_____	_____	_____
<input type="checkbox"/> OTHER:	_____	_____	_____	_____	_____

ROUTE TO INSPECTION:

Inspector's Name _____ Initials _____ Date _____

Accepted _____ Field Verify _____ Rejected _____ N/A _____