

## COMMUNITY DEVELOPMENT DEPARTMENT TRANSMITTAL FORM

Please identify which divisions need to review:

□ Building □ Site Development □ Planning

|                  |                                   | [ | DATE RECEIVED: |  |  |  |
|------------------|-----------------------------------|---|----------------|--|--|--|
| TO:              |                                   |   |                |  |  |  |
| <b>DIVISION:</b> |                                   |   |                |  |  |  |
| FROM:            |                                   |   |                |  |  |  |
| COMPANY:         |                                   |   |                |  |  |  |
| PHONE:           |                                   |   |                |  |  |  |
| EMAIL:           |                                   |   |                |  |  |  |
| PROJECT:         |                                   |   |                |  |  |  |
|                  | (Permit/Case Number, if Assigned) |   |                |  |  |  |
|                  |                                   |   | Ву:            |  |  |  |

(Site Address)

(Project name or subdivision name and lot number)

□ I AM THE PROPERTY OWNER OR I AM AUTHORIZED BY THE PROPERTY OWNER TO ACT AS AN AGENT ON THEIR BEHALF FOR THE PROPOSED PROJECT OR WORK AFFILIATED WITH THE ATTACHED PERMIT APPLICATION.

## ATTACHED ARE THE FOLLOWING DOCUMENTS (NOT FOR INDIVIDUAL PLAN REVIEW COMMENT RESPONSES):

| Item #: | Description:<br>(examples: application, plans, revision, deferred submittal, calculations, specifications, affidavits) |
|---------|--|
| 1       |  |
| 2       |  |
| 3       |  |
| 4       |  |
| 5       |  |
| 6       |  |
| 7       |  |
| 8       |  |
| 9       |  |
| 10      |  |
| 11      |  |
| 12      |  |

## REMARKS:

| FOR OFFICE USE ONLY                |  |  |  |      |       |           |  |  |  |
|------------------------------------|--|--|--|------|-------|-----------|--|--|--|
| Routed to Reviewer(s):             |  |  |  |      | Date: |           |  |  |  |
| Application #:                     |  |  | Application Materials Saved to Network: Yes No |      |       |           |  |  |  |
| Applicant Contacted: Yes No        |  |  | Date:  |      |       |           |  |  |  |
| Routed to Permit Technician: Date: |  |  | Fees Due: Y                                    | es N | 10    | Initials: |  |  |  |
| Fee Descriptions and Amounts Due:  |  |  |  |      |       |           |  |  |  |
|                                    |  |  |  |      |       |           |  |  |  |
|                                    |  |  |  |      |       |           |  |  |  |