

CIVIL IMPROVEMENT PLAN REVIEW/PERMIT APPLICATION FORM

PROJECT INFO	PROJECT NAME: _____ PROJECT ADDRESS: _____ PLANNING FILE#: _____ PROJECT DESCRIPTION: _____ _____
DEVELOPER/OWNER (PROJECT APPLICANT)	NAME: _____ BILLING ADDRESS: _____ CONTACT PERSON: _____ SIGNATURE: _____ (This Signature acknowledges that the Fee Deposit is an estimated cost and developer/owner will be charged for actual cost of services. Any remaining funds at completion of project will be returned to owner/developer.) TELEPHONE#: _____ EMAIL: _____
DESIGN ENGINEER	NAME: _____ ADDRESS: _____ CONTACT PERSON: _____ SIGNATURE: _____ TELEPHONE#: _____ EMAIL: _____
PERMIT APPLICANT (Not Required at Initial Submittal)	Valid insurance for Permit Applicant must be on file in Risk Management prior to issuance of permit. NAME: _____ ADDRESS: _____ CONTACT PERSON: _____ SIGNATURE: _____ TELEPHONE#: _____ EMAIL: _____
TO BE COMPLETED BY STAFF: ACCEPTED AS COMPLETE BY: _____ DATE RECEIVED: _____ DEPOSIT: _____ TECH FEE: _____ CITYWIDE JOB# _____ EN _____ - _____ INSURANCE EXPIRATION DATE _____ CITY APPROVAL: _____	

See Improvement Plan Document Submittal Checklist for all required documents to be submitted with initial application.