Staff: Input File Number or File Label Here

Please check _ONLY ONE_ of the contacts as the 'Primary Billing Contact' to appear on invoices and receipts

PROPERTY OWNER ☐ **Primary Billing Contact**

Name:

Company:

Telephone: | Email Address:

Mailing address:

City: | State: | Zip Code:

APPLICANT ☐ **Primary Billing Contact**

Name:

Company:

Telephone: | Email address:

Mailing address:

City: | State: | Zip Code:

AUTHORIZED AGENT ☐ **Primary Billing Contact**

Name:

Company:

Telephone: | Email address:

Mailing Address:

City: | State: | Zip Code:

PROPERTY INFORMATION

Assessor's Parcel Number: | Physical address: | Total size, in acres:

Directions to the property (include landmarks and any gate codes):

Describe current uses on the property (include structures, improvements, and vegetation):

PROJECT INFORMATION

Briefly describe the proposed project (include all uses and building heights and areas, in square-feet) and attach supplemental info as necessary:

Legal Declaration

I, the owner of record of this property, have completed this form accurately and declare that all statements here are true. I do hereby grant official representatives of the county authorization to inspect the subject property.

SIGNATURE: _____ **DATE:** _____

NOTE: _Your application is public record and information regarding your application is available both in person and online via the Department of Planning & Building. All references to names, addresses, telephone numbers, email addresses and project details are part of this public record. All applications must be filed under the subject property's owner of record; however, you may use an alternate contact address and telephone number._