

Letter of Transmittal

All revisions must be “Clouded” with an itemized list of the details

DATE: ___/___/___ APPLICATION#: _____ HAS PERMIT BEEN ISSUED?_ YES ___ NO ___

GENERAL CONTRACTOR: _____

JOB SITE ADDRESS: _____

PH:()___-___ CONTACT NAME _____ EMAIL _____

PROJECT NAME: _____ SUBDIVISION: _____

ENGINEER OR ARCHITECTURAL FIRM: _____

ADDRESS: _____ PHONE: (___)___-___

ADDITIONAL COST OF CONSTRUCTION \$ _____ PERMIT TYPE _____

ADDITIONAL SQ. FT. Living _____ Non-Living _____

GIVE A BRIEF EXPLANATION OF REVISIONS:

NOTE: Changes to any exterior portion of the building may trigger an architectural review which may in turn require an SDP amendment/change. Please clearly indicate any change to the façade and/or exterior of the building.

PLEASE DO NOT WRITE BELOW, FOR STAFF USE ONLY: ADD INSPECTIONS REQUIRED:

STRUCTURAL:	_____	_____
FIRE PREVENTION:	_____	_____
MECHANICAL:	_____	_____
PLUMBING:	_____	_____
ELECTRICAL:	_____	_____
61G15-ALARM OR SPRINKLER:	_____	_____
ZONING:	_____	_____
ENGINEERING:	_____	_____
HEALTH:	_____	_____

	REVIEW FEE	INSP. FEE	CORR. FEE	REVIEWED BY:	DATE:
ZONING:	\$ _____	\$ _____	\$ _____	_____	_____
BUILDING:	\$ _____	\$ _____	\$ _____	_____	_____
ELECTRICAL:	\$ _____	\$ _____	\$ _____	_____	_____
61G 15 ALARM:	\$ _____	\$ _____	\$ _____	_____	_____
61G 15 SPRINKLER:	\$ _____	\$ _____	\$ _____	_____	_____
PLUMBING:	\$ _____	\$ _____	\$ _____	_____	_____
MECHANICAL:	\$ _____	\$ _____	\$ _____	_____	_____
ENGINEERING:	\$ _____	\$ _____	\$ _____	_____	_____
FIRE INSP:	\$ _____	\$ _____	\$ _____	_____	_____
FIRE PLAN REV:	\$ _____	\$ _____	\$ _____	_____	_____

FIRE DISTRICT (CIRCLE ONE)

N.N E.N M.I G.G IMM LITTLE HICKORY/BONITA SHORES B.C