



Chief Executive Officer

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director

Revised: 07/09/2025

Lorraine Cochran-Johnson

Juliana A. Njoku

Permit Application Signature Form (This form is not required for Design Build Construction)

Project	Project Name			
	Project Address	City		
	WRITE-IN NAMES EXACTLY AS SHOWN ON THE GOVERNMENT-ISSUED IDENTIFICATION (INCLUDE IDENTIFICATION FOR EACH PERSON LISTED ON THIS APPLICATION)			
CT	Name	Company Name		
PROPERTY OWNER CONTACT	Address	City	State	Zip
	Email	Mobile		
	Additional Owner	Additional Owner's Mobile		
	Additional Owner's Address	Additional Owner's Email		
PROPI				
SIGN	Signature Date			
SI				
ACT	Relationship to Project:	Contractor Contractor's Agen	nt Design	n Professional
		1		
ACT	Name	Company Name		
ONTACT	Address	Company Name	State	Zip
ANT CONTACT			State	Zip
PPLICANT CONTACT	Address	City	State	Zip
APPLICANT CONTACT	Address Email	City Mobile	State	Zip
APPLICANT CONTACT	Address Email Additional Applicant	City Mobile	State	Zip
APPLICANT CONTACT	Address Email Additional Applicant	City Mobile Additional Applicant's Mobile		
SIGN APPLICANT CONTACT	Address Email Additional Applicant Additional Applicant's Address Additional Applicant's Email	City Mobile Additional Applicant's Mobile City Swear that the information on this application of Occupancy. I understand that if I provide false of any Building Permit or Certificate of Occupantions. I hereby agree to provide any clearance (me of the beginning of the first work, whichever itional services to persons or property. I agree to cidental to the defense of any such claims, litigation sustained in connection with any work perform	is true and that ne or misleading infocy issued as a reses) and/or inspectorshall be earlier, for exonerate, indeion, and actions, b	Zip o false or formation in this ult of this ion report(s) or all injury mnify and ased upon or