

Director

Juliana A. Njoku

DEPARTMENT OF PLANNING & SUSTAINABILITY

Chief Executive Officer Lorraine Cochran-Johnson

Permit Application Signature Form

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)			
PROPERTY OWNER CONTACT	Name	Company Name		
	Address	City	State Zip	
	Email	Mobile		
	Additional Owner	Additional Owner's Mobile		
	Additional Owner's Address	Additional Owner's Email		
SIGN	Signature	Date		
APPLICANT CONTACT	Relationship to Project: Property Owner Owner's Agent	Contractor Contractor's	Agent Design Professional	
	Name Company Name			
	Address	City	State Zip	
	Email	Mobile		
	Additional Applicant	Additional Applicant's Mobile		
	Additional Applicant's Address			
		City	State Zip	
	Additional Applicant's Email			
SIGN	I,			
	save harmless the County from and against all claims or actions, and all expenses incidental to the defense of any such claims, litigation, and actions, based upon or arising out of damage or injury (including death) to persons or property caused by or sustained in connection with any work performed under the Building Permit issued as a result of this application.			
	Signature	Date		
	Revised: 01/01/2025			