



BUILDING DEPARTMENT TRANSMITTAL FORM

PLEASE PRINT CLEARLY

MASTER PROCESS/PERMIT # _____

YOUR NAME / APPLICANT _____

CELL PHONE _____ EMAIL _____

PROJECT NAME & ADDRESS _____

☐ PICKUP

☐ DROPOFF

☐ NEW

☐ REWORK

☐ REVISION TO ISSUED PERMIT

COMMENTS (IF ANY) _____

OFFICE USE ONLY

Department Review / Quality Control			
Date	Initials	Area (Proc In / Assigned/ Proc Out)	Comments