

OFFICE USE ONLY: Completion by Planning and Zoning Staff

Zoning District: _____

Future Land Use: _____

Permitted use: Yes No

Type: _____

Special Exception Use Permit: Yes No

If yes date approved: _____

Site Plan: Yes No

If yes date approved: _____

Reviewed by: _____

Date: _____

Comments or Conditions: _____

Completion of required site improvements: Yes No If yes date approved: _____

Impact fees – (additional is required?) _____

Planning and Zoning Approval: _____ **Date:** _____

BUILDING AND FIRE REVIEW

Courtesy Inspection Date: _____

Building Permits Needed? Yes _____ No _____

INSPECTIONS FINAL

Building Official _____ Date: _____

Fire Marshal: _____ Date: _____

Utility Inspector: _____ Date: _____