

PERMIT #

2012-

City of Bowling Green
Neighborhood & Community Services

Permit Address: _____

If Contractor is not the Applicant, fill-in Contractors Information:

5.0) Contractor _____ Day Phone: _____ - _____

5.1) Address _____ Suite/Apt # _____ Evening Phone: _____ - _____

5.2) City _____ State _____ Zip _____ Fax: _____ - _____

5.3) Email Address _____ Mobile: _____ - _____

If Property Owner is not the Applicant, fill-in Property Owner's Information:

6.0) Property Owner _____ Day Phone: _____ - _____

6.1) Address _____ Suite/Apt # _____ Evening Phone: _____ - _____

6.2) City _____ State _____ Zip _____ Fax: _____ - _____

6.3) Email Address _____ Mobile: _____ - _____

Inspections

Required

- Site
- Footings
- Final

Reviews Required:

	Date	Reviewer	A	D
<input type="checkbox"/> Airport Board	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BGMU	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Water	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Sewer	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Electric	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> City Engineer	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Planning & Zoning	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WCWD				
Water	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Sewer	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reviews not required.				

Summary of Permit Fees

	Quantities	Amount
Occupancy		\$ 3.00
Construction		\$ _____
EPSC Fee		\$ _____
Total		\$ _____
Industrial Screen Permit Deposit		\$ _____
Total		\$ _____

Reviewer's Comments:

- a) Filing Processor: _____
- b) Plan Review Referred to: _____
- c) HCD Reviewer: _____
- d) Issuance Processor: _____