



### APPLICANT INFORMATION

Date:

Name:

Applicant Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Owner or Licensed Contractor Responsible for the Project:

### RESIDENTIAL PERMITTED (P-1) USE APPLICATION

Residential Permitted (P-1) Use and Site Plan

Fee Amount: \$

New Construction     Existing Building Remodel

Single-Family     Multi-Family     Accessory Building

Location/Address of Proposed Use:

Current Zoning District:

Total Acreage (square feet or acres) of Site:

Name of Property Owners: \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant(s): \_\_\_\_\_  
\_\_\_\_\_

### Fairview City Office Use Only

Date Received:

Date Determined Complete:

Fees Paid: