

PERMITTING CHECKLIST

For County & City Permit Applications

Client's business name, address and phone (main/home office)	Name
	Address
	City, ST, Zip
	Phone
Trade name, address and phone (sign location)	Name
	Address
	City, ST, Zip
	Phone
Zoning of property	
Zoning Certificate of Use no.	
Occupancy Certificate no.	
Expected date of use	
Building/store square footage	
Building/store frontage dimensions	Width ____ ft ____ in x Height ____ ft ____ in
Property owner's name, address and phone number	Name
	Address
	City, ST, Zip
	Phone
Property Tax ID number (SDAT)	
<input type="checkbox"/> Provide property site plan <input type="checkbox"/> Provide owner/landlord sign approval letter	
Notes/Comments:	