



Permit Packet Transmittal Cover Sheet

Received by: _____ Date Stamp: _____

Contractor Information

Business Name: _____

Contact Name: _____

Contact Phone# _____ Contact E-Mail Address _____

Subdivision Information

Subdivision Name: _____ Lot #: _____ Phase # _____ Unit # _____

New Home: Yes _____ Detached Garage: Yes _____

Revision – Narrative Required: _____

Residential Construction Trailer: Yes _____ Garage Conversion: Yes _____

NOTE: THIS FORM IS PER LOT. A FORM WILL BE REQUIRED FOR EACH PACKET SUBMITTAL

Form of Payment: Check: _____ Credit Card: _____

Office use only:

Yes

No

Countywide Architectural Design Standards Apply?

Southeast Architectural Design Standards Apply?

Regular Residential (use HLP Checklist)