



**LAND USE PERMIT APPLICATION
ANNEXATION**

Office Use Only:		Application Date:	Permit Number:
PIN:	Lot No.:	Subdivision:	Existing GC Zoning:

SITE INFORMATION

Site Address: _____

OWNER INFORMATION

Owner Name:	
Address (Street, City, State, Zip):	
E-Mail:	Phone:

OWNER REPRESENTATIVE INFORMATION

Name:	Relation to Owner:
Mailing Address (Street, City, State, Zip):	
E-Mail:	Phone:

PROJECT INFORMATION

Description of Proposed Use & Zoning:

Project Contact Information: Contact Name & Phone: _____

Company Name: _____ Email: _____

NOTE: Fees for this application are collected at the time of submission. Initial: _____

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.

Signature: _____ **Date:** _____



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BUILDS
Public Works • Community Development

GUARANTEE OF PAYMENT AGREEMENT

By signing this agreement, I acknowledge and accept full responsibility for payment to the City of Republic for all fees and charges incurred by 3rd party consultant review and any/all fees related to the review of drawings and specifications associated with this project.

Signature

Date

Please print the following information for billing purposes:

Contact Name: _____

Business Name: _____

Billing Address: _____
