



FORM BOARD SURVEY FORM

Please complete ALL MANDATORY fields. Incomplete forms will not be accepted or reviewed.

DATE: _____

PERMIT#: _____

PROPERTY ADDRESS: _____

OWNER NAME: _____

CONTRACTOR INFORMATION

COMPANY NAME: _____

QUALIFIER & LICENSE #: _____

CONTACT PERSON: _____

OFFICE #: _____ CELL #: _____ EMAIL: _____

(Check one): RESIDENTIAL _____ MULTI-FAMILY _____ COMMERCIAL _____

*****NOTE: All permits must be active at time of submission or surveys will be discarded.***

FOR OFFICE USE ONLY

REVIEWED BY: _____

DATE: _____

RESULTS:

APPROVED: _____

REJECTED: _____

DATE CONTACTED: _____

- SETBACKS: _____
- ELEVATION: _____
- BENCHMARK IS MISSING: _____

Additional Notes: _____
