

VILLAGE OF LOCKLAND
APPLICATION FOR RESUBMITTALS

FOR INFORMATION CALL: 1-888-433-4642

(CHECK ONE) RESIDENTIAL: _____ COMMERCIAL: _____

APPLICATION DATE: _____

SITE ADDRESS: _____ SUITE# _____

TENANT'S NAME (Commercial Properties) _____

PROJECT DESCRIPTION: (SEE BELOW) _____

PROPERTY OWNER _____

CHECK PERMIT TYPES REQUESTED: (Check all that apply)

_____ **CORRECTIONS / ADD'L INFO** REQUESTED FOR PLANS UNDER REVIEW

_____ **REVISIONS** TO APPROVED PLANS FOR PERMIT # _____

_____ **OTHER** (PLEASE DESCRIBE) _____

PLEASE ATTACH 2 SETS RESIDENTIAL OR 3 SETS COMMERCIAL

APPLICANT'S NAME (PLEASE PRINT): _____

EMAIL ADDRESS _____

PHONE: _____ FAX _____

APPLICANT'S SIGNATURE: _____ DATE: _____

***** OFFICE USE ONLY*****

DEPOSIT \$ _____ RECEIVED BY _____ REFERENCE _____

APPROVED / NOT APPROVED _____ DATE: _____ ZONING: _____ DATE: _____