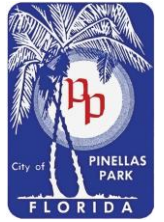


CITY OF PINELLAS PARK
BUILDING DEVELOPMENT DIVISION

Phone: 727-369-5647

Fax: 727-369-5839



ENGINEERING APPLICATION

PROJECT ADDRESS: _____ PERMIT #: _____

PROPERTY OWNER: _____ PHONE #: () _____

ADDRESS: _____ CITY: _____ ZIP: _____

(CONTRACTOR) REGISTERED COMPANY NAME _____ PCCLB LIC # _____ STATE LIC # _____

ADDRESS _____ CITY _____ ZIP _____

QUALIFIER _____ PHONE _____ FACSMILIE _____

EMAIL ADDRESS _____

DESCRIPTION OF WORK TO BE PERMITTED: _____

VALUATION OF ENGINEERING / SITEWORK / LANDSCAPING \$ _____

SIDEWALK LINEAR FT. _____

ARCHITECT / ENGINEER _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ZIP _____

IT IS UNDERSTOOD THAT AS PRESCRIBED BY ARTICLE 9 OF THE CITY OF PINELLAS PARK LAND DEVELOPMENT CODE THAT NO LAND, BUILDING ERRECTED OR STRUCTURES ALTERED MAY BE OCCUPIED OR USED UNTIL SUCH TIME AS A CERTIFICATE OF OCCUPANCY / COMPLETION HAS BEEN ISSUED BY THE BUILDING DEVELOPMENT DIVISION

SIGNATURE _____ DATE _____

PRINT NAME _____

IS A WAIVER REQUIRED? ____ YES ____ NO APPROVED? ____ YES ____ NO

REVIEW FEE \$ _____

Is this a Medical Related Business: Yes/No
If Yes, What? _____