

Date forwarded by Clerk's Office: _____ by whom: _____

Identification Bureau (Criminal Record Only)

Date Received: _____

Inspector (Print Name): _____

Comments:

Signature: _____

Date Forwarded: _____

Code Enforcement (Property Code Compliance Only)

Date Received: _____

Inspector (Print Name): _____

Compliance: Yes: ___ No: ___

Comments:

Signature: _____

Date Forwarded: _____

Fire Inspector (Inspection by the Fire Department or Code Enforcement)

Inspector (Print Name): _____

Compliance: Yes ___ No: ___

Comments:

Signature: _____

Date Forwarded: _____

Director of Public Safety

Date Received: _____

Recommend: Yes ___ No: ___

Comments:

Signature: _____

Date Forwarded: _____

Director of Development

Date Received: _____

Recommend: Yes: ___ No: ___

Comments:

Signature: _____

Date Returned to Clerk's Office: _____