

			Date:		
Name of Development:			Petition:		
Address:			Tel #:		
City:	_ State:	Zip:	Fax:		
Owner's Name:			Tel # (Home):		
Address:			Tel # (Work):		
City:	_ State:	Zip:			
Description of In-Kind Contr	<u>ibution</u>				
being Conveyed:			Appraised Value:		
Owner's Name:			Certified Cost Est	Certified Cost Estimate:	
If the Conveyance is Land, w		isal performed b	y an appraiser from th	e County's approved list.	
If the Conveyance is Road C	Yes construction, Yes	No did you provide No	a Certified Cost Estim	ate:	
	PERMITTIN	NG HISTORY	OF THE DEVELOP	MENT	
# of Permits Issued:			Land Use:		
Square footage:			# of Units:		
Date:From 7/1/79- 4/30/85			# of Units:	Sq.Ft:	
Date:From 5/1/85- 9/30/89			# of Units:	Sq.Ft:	
Date:From 10/1/89- 2/28/89_			# of Units:	Sq.Ft:	
Date:From 3/1/95- Present _			# of Units:	Sq.Ft:	
l certify that all information g will result in immediate cand	•	•	_	owledge. Any false information given	
Signature:			Da	te:	
Signature:			Da	Date:	
Note: All applications must be Certified Cost Estimate). If c	<u>e accompani</u> documentatic	ied by supporting on is not provide	g documentation for Imed, application will be a	npact Fee Credit (ie: Appraisal Report nutomatically canceled.	
		FOR OFFICE	E USE ONLY		
Review By:			Da	Date:	
Approved By:			Da	te:	
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Comments: