



# CITY OF LOCKPORT MISCELLANEOUS APPLICATION

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Project Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

Contractor: \_\_\_\_\_

Additional Contractors: \_\_\_\_\_

\_\_\_\_\_

Estimated Construction Value: \$ \_\_\_\_\_ Historic District: \_\_\_ Yes \_\_\_ No

**Verify the following required items have been submitted with this application:**

- Copy of contract / scope of work
- Two sets of plans / drawings

**I hereby certify that I have read, understand and agree to conform to all governing information and regulations set forth by the City Council of Lockport.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only** \_\_\_\_\_

Permit #: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Building Dept. Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Dept. Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_