



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
- Plat of survey, if applicable

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: _____