



Transfer of Permit

Site Address: _____

Change of (check all applicable)

<input type="checkbox"/> Applicant	<i>Required documents</i>	<input type="checkbox"/> Letter of Authorization	<input type="checkbox"/> New Application Form(s)
<input type="checkbox"/> Owner	<i>Required documents</i>	<input type="checkbox"/> Title Search	<input type="checkbox"/> New Application Form(s) <input type="checkbox"/> New Authorization Form
<input type="checkbox"/> Builder	<i>Required documents</i>	<input type="checkbox"/> HPO Form	<input type="checkbox"/> New Application Form(s) <input type="checkbox"/> Business License

Owners (All previous Owner(s) when applicable)

PRINT FIRST AND LAST NAME: _____

OF COMPANY NAME (if applicable): _____

SIGNATURE(S): _____ DATE: _____

Agree(s) to transfer the below mentioned Permit(s) and any Non-refundable Fees to:

All New Owners (as per current Title Search)

PRINT FIRST AND LAST NAME: _____

COMPANY NAME (if applicable): _____

SIGNATURE: _____ DATE: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

The above mentioned Owners would like to change the Builder/Applicant on the below referenced permit to:

New Builder

PRINT FIRST AND LAST NAME, OR COMPANY NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

New Applicant

PRINT FIRST AND LAST NAME, OR COMPANY NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

PERMIT TYPE	PERMIT #	PREVIOUS PAID BY	DEPOSIT AMOUNT
TOTAL:			\$

Refundable deposits will be returned to the previous payee
 New deposits and securities will be required from the new payee.
 Any non-refundable fees and all permit submission requirements will remain with the permit.

Previous deposits returned to

New deposit paid by

NAME: _____	NAME: _____
MAILING ADDRESS: _____	MAILING ADDRESS: _____
POSTAL CODE: _____	POSTAL CODE: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____

For Office Use Only

ACTION REQUIRED:	<input type="checkbox"/> Transfer Fee Paid	<input type="checkbox"/> New Deposits Collected
<input type="checkbox"/> Update Amanda People Records	Date: _____	Date: _____
<input type="checkbox"/> Email Trees & Landscaping Sent: _____	Amount: _____	Amount: _____
<input type="checkbox"/> Email Engineering Sr. GOC Sent: _____	Receipt #: _____	Receipt #: _____
<input type="checkbox"/> Email Waste Disposal Sent: _____	<input type="checkbox"/> Email Finance (PLEASE ATTACH DEPOSIT SUMMARY)	
<input type="checkbox"/> Reprint Issued Permit(s)	General Operations Clerk: _____	