



**FOR OFFICIAL USE ONLY**

Police Department	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date _____	Initials _____
Building Official	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date _____	Initials _____
Zoning	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date _____	Initials _____
Fire Department	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date _____	Initials _____
FinanceDepartment	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date _____	Initials _____