

SCD PLAN TRANSMITTAL SHEET

PLEASE FILL IN PERTINENT INFORMATION AND INCLUDE WITH YOUR PLANS:

COUNTY: _____ APPROVING AUTHORITY: _____

OWNERS NAME: _____ PHONE (____)____- _____

OWNERS ADDRESS: _____

DEVELOPER'S NAME & ADDRESS: _____

DEVELOPER'S PHONE (____)____- _____ PLAN: RESIDENTIAL COMMERCIAL OTHER

FOR INFORMATION CONTACT: _____ PHONE (____)____- _____

CONTRACTOR'S NAME & ADDRESS: _____

CONTRACTOR'S PHONE (____)____- _____

SITE NAME: _____

SITE ADDRESS: _____

SCD FILE/APPROVAL NUMBER: _____
=====

MDE USE ONLY

GRADING PERMIT NUMBER: _____ ISSUED: ____/____/____

DATE REC'D: ____/____/____ INSPECTOR I.D. NUMBER: _____

ALEX MAP: PAGE _____ LETTER GRID _____ NUMERIC GRID ____ ACTIVE Y/N

REGION: _____ CENTRAL FILE NUMBER: _____ DATE: ____/____/____