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|-----------------------|
| APP # _____ |
| Date _____ |
| Fee _____ |
| (for office use only) |

**CITY OF JENKINS
ISTS PERMIT APPLICATION**

Name of Applicant _____ Phone _____

Property Address (E911#) _____ Local Phone _____

Mailing Address _____ Email _____

City, State, Zip _____

Applicant is: _____ Title Holder of Property: *(if not applicant)* _____

Legal Owner _____ (Name) _____

Contract Buyer _____ (Address) _____

Option Holder _____ (City, State, Zip) _____

Agent _____

Other _____

Signature of Owner, authorizing application (required): _____
(By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant (if different than owner): _____
(By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Driving directions from City Hall to the property involved in this request:

Property Parcel ID (15 Digit # on Tax Statement) _____

Proposed Installation Date (required) _____

Installer Name and License # _____

Note: Applicant must provide a *proposed installation date*. Installer may vary from stated installation date, with cause, as long as the City is notified *48 hours in advance*. Applicant will be charged the full inspection fee for each site visit made by the City to inspect the installation.

Approved by the Zoning Administrator: _____ Date: _____