

STAKEOUT

	SEC	CTION:	LOT #:	
APPLICANT: Please fill in	n all spaces below	<i>I</i> .		
Date of Application:				
Date Lot will be Ready for Ins	pection:			
Applicant Name:				
Applicant Mailing Address: _				
Phone # Home:	Work/Fax:		Cell:	
Builder (if different from appli	cant above):			
 Stakeout shall include the stake be clearly marked, and grouping with tape. 				
The applicant shall be the prop	perty owner or origina	al builder at the tin	ne of application.	
 Stakeout review is for complia relieve the applicant of respon applicable zoning and building 	sibility for obtaining a			
DO NOT WRITE BELOW				
	YES NO			
Plans Approved:	() ()	Date:		
Stakeout Approved:	() ()	Date:		
Comments:				
				
Reviewer (ACC):				