



SITE WORK PERMIT APPLICATION

Application Date: _____ Permit Number: _____

Site Address: _____ Parcel ID (s): _____

Name of Subdivision: _____ Zoning: _____

Business Park/Retail: _____

COST OF CONSTRUCTION: \$ _____

ACREAGE: _____

NUMER OF LOTS: _____

DESCRIPTION OF WORK:

OWNER INFORMATION

Name: _____ Address: _____

Phone: _____ City: _____ State: _____ Zip: _____

All contractors and subcontractors must be registered with the City of Davenport. CURRENT licenses and proof of General Liability and Workers' Compensation or Work Comp Exemption must be on file at the time of permit issuance.

CONTRACTOR INFORMATION

Contractor Name: _____ Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

License Number: _____ Email: _____

Print Name of Contractor and/or Owner

Approved by Zoning and Planning

Signature of Contractor and/or Owner

Approved by Fire Marshall

Notary Signature, Seal and Date

Approved & Issued by Utility Department Official