

## Sign Off & Submittal Requirements Form

*For Office Use*

Pre-Submittal Meeting Date \_\_\_\_\_

Planner Initials \_\_\_\_\_

Identifier \_\_\_\_\_

Pre-Submittal Code \_\_\_\_\_

### Written Interpretation

To be considered complete, this checklist must accompany all of the materials listed below. **A pre-submittal meeting is also required** and may be completed in person, over the phone or via email depending on project complexity. Failure to provide required materials will result in a returned application at which point processing will be delayed. Additional materials may be required.

Please submit all items in a PDF format.

Submittal Requirement	Notes
1	Detailed Narrative—detailed description of the project.
2	Other

FOR REFERENCE ONLY

**Applicant Signature Required**

I, the applicant, affirm that this proposal complies with all CDC regulations and standards, unless specifically requesting a variance, and that this application includes all the required materials to be deemed complete. I understand that if this application or any of the aforementioned submittal requirements are incomplete or found to be insufficient, this application will be returned and not processed any further. In submitting this application, I affirm that all information contained within is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_