



# MODEL HOME SALES COMPLEX PERMIT APPLICATION

Refer to the [Model Home Complex Information Sheet](#) for submittal requirements.

## APPLICANT INFORMATION

APPLICANT/COMPANY NAME		CONTACT
ADDRESS		PHONE
CITY	ZIP	EMAIL

## PROJECT INFORMATION

PROJECT NAME	TRACT	LOT
MODEL HOME SALES COMPLEX ADDRESS	PLANNING AREA	
LEGAL DESCRIPTION		
PROJECT DESCRIPTION (Include temporary and permitted structures/facilities)		
NUMBER OF MODEL HOMES	HOURS OF OPERATION	
	a.m. TO	p.m.
NUMBER OF PARKING SPACES	PROPOSED DAYS OF WEEK	
	THROUGH	

**BY SIGNING BELOW, I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT.**

APPLICANT SIGNATURE

PRINT APPLICANT NAME

DATE

### FOR OFFICE USE ONLY

I-G CASE#: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_