



## Applicant Contact Information

First :  Middle :  Last :

Address :  City :  State :  Zip :

Phone :  Email :

Company Name :

## Project Information

Project Name  Project Address

Detailed Description  Commercial   
Residential

Plat Number  Building Permit Number

Zoning/PD Number  Design District Overlay

## Light Services

Street Lights	QTY. <input type="text"/>	Driveway, Sidewalk or Landscaping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pedestrian Lights	QTY. <input type="text"/>			

## Application Checklist

1. Site Plan \* (PDF & DWG)
2. Power Source
3. Final Plat \* ( PDF & DWG)
4. Survey (Topo & Point File)
5. SUE

Option 1   
Option 2



### Office Use Only

SSIP Record Number

City Project Number

SSIP Staff

Date