## BOROUGH OF FOLSOM TRANSMITTAL SHEET

TYPE	: PLANNING_	ZON	ING	
DATE	E: FILE NUMBER CK: LOT: ADDRESS:			
BLOC	K:]	LOT:	_ ADDRES	SS:
APPLICANT'S NAME:				
TVDE	OF ADDITION			
TYPE OF APPLICATION:  APPLICATION FEE:				
ESCROW FEE:				
TOTAL DEPOSIT:				
	CK NUMBER:			
СПЕ	CK NUMBER:			
F∩R F	RILLING AND REFU	ND PHRPOSES T	THIS SECT	TION MIIST RE COMPLETED
FOR BILLING AND REFUND PURPOSES THIS SECTION MUST BE COMPLETED AT TIME OF APPLICATION. IN ORDER FOR THE PLANNING/FINANCE TO				
PROPERLY ACCOUNT FOR THE ESCROW FUNDS, COMPLETE EITHER				
SECTION A OR B.				
obe 1	IOIVII OR B.			
A)	NAME/ADDRESS (	OF OWNER:		
	PHONE NUMBER:			-
B)	NAME/ADDRESS (	OF CONTRACT P	URCHASE	ER/ATTORNEY:
	DUONE NUMBER	(III)		(H)
	PHONE NUMBER (	(W)		(п)
нлс /	A PDI ICANT CERTIE	HED THEIR RESI	ONSIBII I	ITV EOR ALL APPLICABLE
HAS APPLICANT CERTIFIED THEIR RESPONSIBILITY FOR ALL APPLICABLE COSTS AS PERMITTED BY ORDINANCE? YES NO				
RECEIVED BY:DATE				
DATE OF DEPOSIT				