

**BOROUGH OF FOLSOM  
TRANSMITTAL SHEET**

TYPE: PLANNING \_\_\_\_\_ ZONING \_\_\_\_\_  
DATE: \_\_\_\_\_ FILE NUMBER \_\_\_\_\_  
BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
APPLICANT'S NAME: \_\_\_\_\_

**TYPE OF APPLICATION:**

APPLICATION FEE:	
ESCROW FEE:	
TOTAL DEPOSIT:	
CHECK NUMBER:	

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.

A) NAME/ADDRESS OF OWNER:

\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

B) NAME/ADDRESS OF CONTRACT PURCHASER/ATTORNEY:

\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER (W) \_\_\_\_\_ (H) \_\_\_\_\_

HAS APPLICANT CERTIFIED THEIR RESPONSIBILITY FOR ALL APPLICABLE COSTS AS PERMITTED BY ORDINANCE? YES NO

RECEIVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF DEPOSIT \_\_\_\_\_