

WORK AUTHORIZATION INFORMATION SHEET

Date: _____

Time: _____

Client Name: _____

Proposal # _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

County: _____

Project Name: _____

Sub: _____ Lot: _____

Property Address: _____

Tax ID/PIN # _____

Size of Property (Acres): _____

Number of Sites/Lots: _____

Bedroom Size: _____

If Subdividing:

Is there an existing dwelling? Yes No

Reserve: _____

Landscape/Description of Property: _____

Open

Construction Permit

Wooded

Certification Letter

Soil Feasibility

Opinion Letter

***DSS Backhoe:**

***Lot lines need to be clearly marked:** _____

***Provide Plat/Topo map etc:** _____

Surveyor: Provided by Client

Surveyor Name: _____

Surveyor Phone: _____

**Has this property been evaluated by another consultant or looked at by the Health Department? Yes No
If Yes, who and request copies of all previous work. _____

Additional Notes:

