Little Traverse Bay Bands of Odawa Indians Planning Department PROJECT INTIATION FORM (231) 242-1581

This section For Office Use Only		
Application Received Date:		Permit Number:
Project Name:		
Location/Address:		
Project Manager:		
Project Manager Phone & Email:		
Project Description/Scope of Work:		
Site Plan Review Completed:	□NO □ Not Applicable	
If yes, please include the official approval fro	•	
Date of Approval:	☐ Approval Included	
Has a Design Professional been selected: □YES □NO □ N/A		
Has a Design Professional been selected: Name	Address	City, State, Zip
Phone	Email	License Number
		Exp. Date
Fund/Account # (Code Review and Inspection Fees)		
(Code 10-10-1 and mapped on 1 tos)	<u>'</u>	
I do hereby swear and warrant that all statements made by me in this application are correct to the best of my knowledge and that, I agree		
to save the Little Traverse Bay Bands of Odawa Indians harmless from any and all damages.		
I hereby agree to construct said work in all respects in compliance with the Statutes and Regulations of the Little Traverse Bay Bands of Odawa Indians.		
I hereby agree to locate this building on the lot so that it will conform to all Zoning and Building regulations as will be outlined in the approved Site Plan.		
All information submitted on this application is accurate to the best of my knowledge.		
Signature of Applicant		Date