

## TOWNSHIP OF HARDING CONSTRUCTION RECORDS CLEARANCE APPLICATION-RESIDENTIAL

## FEE: \$250

	DATE:			:
SELLER NAME:				
CITY:		STATE:		ZIP:
PHONE:		EMAIL:		
PROPERTY ADD	RESS:			
BLOCK:	LOT:	QUA	LIFICATION C	ODE:
□ Single Family	□ Two-Family	Condominium	$\Box$ 3+ Family	Year Built:
PLEASE ANSWER THE FOLLOWING QUESTIONS:				
Yes 🗆 No 🗆	Address Displaye	ed on Building?		
Yes 🗆 No 🗆	Swimming Pool Onsite?			
Yes 🗆 No 🗆	Pool Fence or Pool Barrier on Property?			
Yes 🗆 No 🗆	Finished Basement?			
Yes 🗆 No 🗆	2 <sup>nd</sup> Kitchen? (i.e.,	, basement, pool hou	se, etc.)	
Yes 🗆 No 🗆	Any Accessory d	wellings? Please des	cribe:	
CONTACT PERSON: OWNER $\Box$ OR AGENT $\Box$				
PHONE:		EMA	IL:	
Certificate to be:	□ Mailed	□ Picked up		Emailed
$\Box$ A check for \$25 $\Box$ A copy of the re	0.00 made payable eal estate listing wi	e to the Township of th each application	Harding	: (If mailing, use above address)
CLOSING DATE	(REQUIRED):			

I hereby certify that I am the agent/owner of record and am authorized to make this application. I hereby affirm that all of the statements above herewith are true.

Signature	Date
	FOR OFFICE USE ONLY
Yes 🗆 No 🗆	Open Permits? If yes, Permit #'s:
Yes 🗆 No 🗆	Open Zoning? If yes, Date Sent to Zoning:
Yes 🗆 No 🗆	Health Approval?:
Yes 🗆 No 🗆	Zoning Approval? Date: