

**CITY OF SHERIDAN**  
SIMPLE PERMIT

Date: \_\_\_\_\_

Project Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

**Permittee (who pays)** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Building Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Scope of Work:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date work completed: \_\_\_\_\_

Project Valuation \_\_\_\_\_