



**THIS REQUEST HAS BEEN APPROVED BY THE CITY OF MOLINE ACRES. THIS PERMIT WILL BE REVOKED IF THE APPLICANT IS FOUND NOT TO BE IN COMPLIANCE WITH THE CITY OF MOLINE ACRES.**

I understand the terms and conditions listed in the above box. By signing below, I certify that I am the owner or agent authorized to apply for this permit and cost and estimates are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

-----FOR OFFICE USE ONLY-----

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Receipt Number: \_\_\_\_\_

Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ passed

\_\_\_\_ failed

Initials: \_\_\_\_\_