



FY26 Occupancy Phasing Plan Fee Verification:

PART A: APPLICANT

LND NUMBER: _____ Number of Phases Requested: _____

PROJECT NAME/SECTION PHASE: _____

CONTACT PERSON: _____ EMAIL: _____

ADDRESS: _____ TELEPHONE: _____

PART B: DEPT. OF PUBLIC WORKS/DEPT. OF TRANSPORTATION USE ONLY

I have reviewed the occupancy plans for the referenced project. These plans will be approved upon verification that the appropriate fees have been paid as follows:

The number of phases approved/revised is: _____ @ **\$130.15/per phase.**

Site Inspector Name/Signature

Date

| Staff Use Only | |
|------------------------------|--|
| ILP # _____ | Amount Received (@ \$130.15 per phase): \$ _____ |
| Received By: _____ | RCPT # _____ |
| Received/Emailed Date: _____ | |

EFFECTIVE 7/1/2025
FY26 EG Occupancy Phasing Request