



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