



CITY OF SUFFOLK

Department of Planning & Community Development

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INSPECTION RESULTS POINT OF CONTACT FORM

- For existing permits only
- A separate form must be completed for **each** permit number
- Please write legibly if handwritten

Permit # _____

Applicant Name: _____

Applicant Email: _____

Applicant Phone No.: _____

Point of Contact Name: _____

Point of Contact Email: _____

Point of Contact Phone: _____

Point of Contact Name: _____

Point of Contact Email: _____

Point of Contact Phone: _____

Point of Contact Name: _____

Point of Contact Email: _____

Point of Contact Phone: _____

Point of Contact Name: _____

Point of Contact Email: _____

Point of Contact Phone: _____
