

BUILDING PERMIT APPLICATION

BECOMES PERMIT WHEN SIGNED

*Date of Application		Date Work Starts		Receipt No.	Date Issued	Permit Number	
*Proposed Use of Structure				BUILDING FEE SCHEDULE			
*Bldg. Address				Square Ft. of Building		Valuation	
*Address Certificate No.		Assessors Parcel No.		<input type="checkbox"/> Rough Basement <input type="checkbox"/> Finish Basement		Building Fees	
*Lot #		*Block		*Subd. Name & Number		Plan Check Fees	
*Property Location				Carport sq. ft.		Electrical Fees	
<input type="checkbox"/> *If metes and bounds see instructions				Garage sq. ft.		Plumbing Fees	
*Total Property Area - In Acres or Sq. Ft.				Total Bldg. Site Area Used		Mechanical Fees	
*Owner of Property				Type of Bldg.		Subtotal	
Phone				Occ. Group		Water	
*Mailing Address				No. of Bldgs.		Sewer	
City - Zip				No. of Stories		Storm Sewer	
*Business Name Address				No. of Bedrooms		Moving or Demo.	
Business Lic. No.				No. of Dwellings		Temporary Conn.	
*Architect or Engineer				Type of Construction		Reinspection	
Phone				<input type="checkbox"/> Frame <input type="checkbox"/> Brick Var. <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel		State Fee	
*General Contractor				Max. Occ. Load			
Phone				Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No		Total	
*Business Address - City - Zip		* State Lic. No.		* City/Co. Lic. No.			
*Electrical Contractor				Special Approvals		Required	
Phone				Board of Adjustment		Received	
*Business Address - City - Zip				Health Dept.		Approved	
* State Lic. No.				Fire Dept.			
* City/Co. Lic. No.				Soil Report			
*Mechanical Contractor				Water or Well Permit			
Phone				Traffic Engineer			
*Business Address - City - Zip				Flood Control			
* State Lic. No.				Sewer or Septic Tank			
* City/Co. Lic. No.				City Engineer (off site)			
*Plumbing Contractor				Gas			
Phone				Comments:			
*Business Address - City - Zip				Land Use Cert.			
* State Lic. No.				Electrical Dept.			
* City/Co. Lic. No.				HiBack C.G. & S.			
*Previous Usage of Land or Structure (Past 3 yrs.)				Other			
*Dwell. Units Now on Lot				Bond Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
* Assesory Bldgs. Now on Lot				This application does not become a permit until signed below.			
*Type of Improvement/Kind of Const.				Plan Chk. OK by			
<input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish				Signature of Approval		Date	
*No. of offstreet parking spaces:				This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.			
Covered		Uncovered		* _____		Date	

SUB-CHECK				Zone		Zone Approved By	
Disapproved				Date		Sub-Ck. By	
Approved							
Minimum Setbacks in Feet				Plot Plan			
Front	Side	Side	Rear	()			
				() Prop. Line			
				()			
Indicate Street If Corner Lot				House or House & Garage if Attached			
Indicate North				STREET			

NOTE: 24 hours notice is required for all inspections.

Signature of Contractor or Authorized Agent		Date	
* _____		_____	
Signature of Owner (if owner)		(Date)	
* _____		_____	
Census Tract.	Traffic Zone	Coordinate Ident. No.	
_____	_____	_____	
New S.L.U. Code No.		Old S.L.U. Code No.	
_____		_____	
Certificate of Occupancy			