

BUILDING PERMIT APPLICATION

Jurisdiction of _____

OWNER
JOB ADDRESS

Applicant to complete numbered spaces only.

JOB ADDRESS					
1	LEGAL DESCR.	LOT NO.	BLK	TRACT	<input type="checkbox"/> SEE ATTACHED SHEET
2	OWNER	MAIL ADDRESS	ZIP	PHONE	
3	CONTRACTOR	MAIL ADDRESS	PHONE	LICENSE NO.	
4	ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE	LICENSE NO.	
5	ENGINEER	MAIL ADDRESS	PHONE	LICENSE NO.	
6	LENDER	MAIL ADDRESS	BRANCH		
7	USE OF BUILDING				
8	Class of Work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE				
9	Describe Work:				
10	Change of use from				
	Change of use to				

11 Valuation of Work: \$			PLAN CHECK FEE		PERMIT FEE	
SPECIAL CONDITIONS:			Type of Const.	Occupancy Group	Division	
			Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load	
APPLICATION ACCEPTED BY			Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLANS CHECKED BY			No. of Dwelling Units	OFFSTREET PARKING SPACES:		
APPROVED FOR ISSUANCE BY				Covered	Uncovered	
<p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTED OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>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 COMPILED 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 STATER OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>			Special Approvals	Required	Reieved	Not Required
			ZONING			
			HEATH DEPT.			
			FIRE DEPT.			
			SOIL REPORT			
			OTHER (Specify)			
INSPECTIONS						
FOOTER						
FOUNDATION						
FRAMING						
FINAL						
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT			DATE			
SIGNATURE OF OWNER (IF PUBLIC BUILDER)			DATE			

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALDIATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH