

BUILDING PERMIT APPLICATION

BECOMES PERMIT WHEN SIGNED

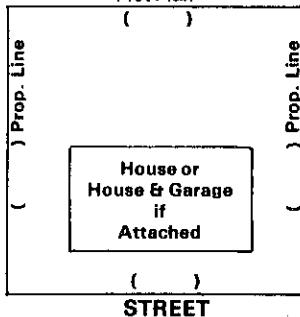
*Date of Application		Date Work Starts		Receipt No.	Date Issued	Permit Number																																																												
*Proposed Use of Structure				BUILDING FEE SCHEDULE																																																														
*Bldg. Address				<table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2">Square Ft. of Building</td><td colspan="2">Valuation</td></tr><tr><td colspan="2">☐ Rough Basement</td><td colspan="2">Building Fees</td></tr><tr><td colspan="2">☐ Finish Basement</td><td colspan="2">Plan Check Fees</td></tr><tr><td colspan="2">Carport sq. ft.</td><td colspan="2">Electrical Fees</td></tr><tr><td colspan="2">Garage sq. ft.</td><td colspan="2">Plumbing Fees</td></tr><tr><td colspan="2">Type of Bldg.</td><td colspan="2">Mechanical Fees</td></tr><tr><td colspan="2">No. of Bldgs.</td><td colspan="2">Subtotal</td></tr><tr><td colspan="2">No. of Stories</td><td colspan="2">Water</td></tr><tr><td colspan="2">No. of Bedrooms</td><td colspan="2">Sewer</td></tr><tr><td colspan="2">No. of Dwellings</td><td colspan="2">Storm Sewer</td></tr><tr><td colspan="2">Type of Construction</td><td colspan="2">Moving or Demo.</td></tr><tr><td colspan="2">☐ Frame ☐ Brick Var.</td><td colspan="2">Temporary Conn.</td></tr><tr><td colspan="2">☐ Brick ☐ Block ☐ Concrete ☐ Steel</td><td colspan="2">Reinspection</td></tr><tr><td colspan="2">Max. Occ. Load</td><td colspan="2">State Fee</td></tr><tr><td colspan="2">Fire Sprinkler ☐ Yes ☐ No</td><td colspan="2">Total</td></tr></table>			Square Ft. of Building		Valuation		☐ Rough Basement		Building Fees		☐ Finish Basement		Plan Check Fees		Carport sq. ft.		Electrical Fees		Garage sq. ft.		Plumbing Fees		Type of Bldg.		Mechanical Fees		No. of Bldgs.		Subtotal		No. of Stories		Water		No. of Bedrooms		Sewer		No. of Dwellings		Storm Sewer		Type of Construction		Moving or Demo.		☐ Frame ☐ Brick Var.		Temporary Conn.		☐ Brick ☐ Block ☐ Concrete ☐ Steel		Reinspection		Max. Occ. Load		State Fee		Fire Sprinkler ☐ Yes ☐ No		Total	
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*Address Certificate No.		Assessors Parcel No.		Special Approvals																																																														
*Lot #	*Block	*Subd. Name & Number		Board of Adjustment																																																														
*Property Location		☐ *If metes and bounds see instructions		Health Dept.																																																														
*Total Property Area - In Acres or Sq. Ft.		Total Bldg. Site Area Used		Fire Dept.																																																														
*Owner of Property		Phone		Soil Report																																																														
*Mailing Address		City - Zip		Water or Well Permit																																																														
*Business Name Address		Business Lic. No.		Traffic Engineer																																																														
*Architect or Engineer		Phone		Flood Control																																																														
*General Contractor		Phone		Sewer or Septic Tank																																																														
*Business Address - City - Zip		*State Lic. No.	*City/Co. Lic. No.	City Engineer (off site)																																																														
*Electrical Contractor		Phone		Gas																																																														
*Business Address - City - Zip		*State Lic. No.	*City/Co. Lic. No.	Comments:																																																														
*Plumbing Contractor		Phone																																																																
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*Previous Usage of Land or Structure (Past 3 yrs.)				Land Use Cert.																																																														
*Dwell. Units Now on Lot		*Accessory Bldgs. Now on Lot		Electrical Dept.																																																														
*Type of Improvement/Kind of Const.				HiBack C.G. & S.																																																														
☐ Sign ☐ Build ☐ Remodel ☐ Addition				Other																																																														
☐ Repair ☐ Move ☐ Convert Use ☐ Demolish				Bond Required ☐ Yes ☐ No Amount																																																														
*No. of offstreet parking spaces:				This application does not become a permit until signed below.																																																														
				Plan Chk. OK by																																																														
				Signature of Approval																																																														
				Date																																																														
SUB-CHECK				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.																																																														
Zone				Zone Approved By																																																														

Disapproved

Approved _____ Date _____ Sub-Ck. By _____

Minimum Setbacks in Feet

Front	Side	Side	Rear

Indicate Street
If Corner LotIndicate
North**Plot Plan**

* 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		

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NOTE: 24 hours notice is required for all inspections.