BUILDING PERMIT APPLICATION

BECOMES PERMIT WHEN SIGNED

*Date of Application	Date Work Starts	Receipt No.	Date Issued	Permit Number

*Proposed Use of Structure

*Bldg. Address

*Address Certificate No. | Assessors Parcel No.

*Lot # | *Block | * Subd. Name & Number

*Property Location | ☐ *If metes and bounds see instructions

*Total Property Area - In Acres or Sq. Ft. | Total Bldg. Site Area Used

*Owner of Property | Phone

*Mailing Address | City - Zip

*Business Name Address | Business Lic. No.

*Architect or Engineer | Phone

*General Contractor | Phone

*Business Address - City - Zip | * State Lic. No. | * City/Co. Lic. No.

*Electrical Contractor | Phone

*Business Address - City - Zip | * State Lic. No. | * City/Co. Lic. No.

*Plumbing Contractor | Phone

* Business Address - City - Zip | * State Lic. No. | * City/Co. Lic. No.

*Mechanical Contractor | Phone

* Business Address - City - Zip | * State Lic. No. | * City/Co. Lic. No.

* Previous Usage of Land or Structure (Past 3 yrs.)

*Dwell. Units Now on Lot | * Assessory Bldgs. Now on Lot

*Type of Improvement/Kind of Const.

☐ Sign ☐ Build ☐ Remodel ☐ Addition
☐ Repair ☐ Move ☐ Convert Use ☐ Demolish

*No. of offstreet parking spaces: Covered Uncovered

SUB-CHECK | Zone | Zone Approved By

Disapproved
Approved _____ Date Sub-Ck. By _____

Minimum Setbacks In Feet

Front	Side	Side	Rear

Plot Plan

( ) Prop. Line ( ) Prop. Line

House or House & Garage if Attached

( )

STREET

Indicate Street If Corner Lot

Indicate North

NOTE: 24 hours notice is required for all inspections.

BUILDING FEE SCHEDULE

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.	Occ. Group	Mechanical Fees		
No. of Bldgs.	R. Value Walls / Roof	Subtotal		
No. of Stories	R / R	Water		
No. of Bedrooms		Sewer		
No. of Dwellings		Storm Sewer		
Type of Construction ☐ Frame ☐ Brick Var. ☐ Brick ☐ Block ☐ Concrete ☐ Steel		Moving or Demo.		
Max. Occ. Load		Temporary Conn.		
Fire Sprinkler ☐ Yes ☐ No		Reinspection		
		State Fee		
		Total		

Special Approvals	Required	Received	Approved
Board of Adjustment			
Health Dept.			
Fire Dept.			
Soil Report			
Water or Well Permit			
Traffic Engineer			
Flood Control			
Sewer or Septic Tank			
City Engineer (off site)			
Gas			

Comments:

Land Use Cert.
Electrical Dept.
HiBack C.G. & S.
Other
Bond Required ☐ Yes ☐ No Amount

This application does not become a permit until signed below.

Plan Chk. OK by

Signature of Approval | Date

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.

* _____ Signature of Contractor or Authorized Agent _____ Date

* _____ Signature of Owner (If owner) _____ (Date)

PLANNING DEPT. USE

Census Tract. | Traffic Zone | Coordinate Ident. No.

New S.L.U. Code No. | Old S.L.U. Code No.

Certificate of Occupancy