BUILDING PERMIT APPLICATION

BECOMES PERMIT WHEN SIGNED email

*Date of Application	Date Work Starts

*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

Indicate Street If Corner Lot

Indicate North

Plot Plan

( ) Prop. Line ( ) Prop. Line

House or House & Garage if Attached

( )

STREET

Receipt No.	Date Issued	Permit Number

BUILDING FEE SCHEDULE

Square Ft. of Building		Occ. Group	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.		R. Value Walls / Roof	Subtotal		
No. of Stories		R / R	Water		
No. of Bedrooms			Sewer		
No. of Dwellings			Storm Sewer		
			Moving or Demo.		
			Temporary Conn.		
			Reinspection		
			State Fee		
			Total		

Type of Construction
☐ Frame ☐ Brick Var.
☐ Brick ☐ Block ☐ Concrete ☐ Steel

Max. Occ. Load

Fire Sprinkler ☐ Yes ☐ No

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.

* _____ Date
Signature of Contractor or Authorized Agent

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

PLANNING DEPT. USE

Census Tract.	Traffic Zone	Coordinate Ident. No.

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