

APPLICATION#: AP _____
APPLICATION FOR BUILDING PERMIT & PLAN EXAMINATION

IMPORTANT – Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING	AT (LOCATION) _____ ZONING _____ (NO.) _____ (STREET) _____ DISTRICT _____ BETWEEN _____ AND _____ (CROSS STREET) _____ (CROSS STREET) _____ SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____		
II. TYPE AND COST OF BUILDING – All applicants complete Parts A - D			
A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only B. OWNERSHIP 8 <input type="checkbox"/> Private (individual, corporation, nonprofit, institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	D. PROPOSED USE – For "Wrecking" most recent use <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family – Enter Number of units..... _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units..... _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Fence 18 <input type="checkbox"/> Other – Specify _____ _____ </td> <td style="width: 50%; vertical-align: top;"> Nonresidential 19 <input type="checkbox"/> Amusement, recreational 20 <input type="checkbox"/> Church, other religious 21 <input type="checkbox"/> Industrial 22 <input type="checkbox"/> Parking garage 23 <input type="checkbox"/> Service station, repair garage 24 <input type="checkbox"/> Hospital, institutional 25 <input type="checkbox"/> Office, bank, professional 26 <input type="checkbox"/> Public utility 27 <input type="checkbox"/> School, library, other educational 28 <input type="checkbox"/> Stores, mercantile 29 <input type="checkbox"/> Tanks, towers 30 <input type="checkbox"/> Other – Specify _____ _____ </td> </tr> </table>	Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family – Enter Number of units..... _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units..... _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Fence 18 <input type="checkbox"/> Other – Specify _____ _____	Nonresidential 19 <input type="checkbox"/> Amusement, recreational 20 <input type="checkbox"/> Church, other religious 21 <input type="checkbox"/> Industrial 22 <input type="checkbox"/> Parking garage 23 <input type="checkbox"/> Service station, repair garage 24 <input type="checkbox"/> Hospital, institutional 25 <input type="checkbox"/> Office, bank, professional 26 <input type="checkbox"/> Public utility 27 <input type="checkbox"/> School, library, other educational 28 <input type="checkbox"/> Stores, mercantile 29 <input type="checkbox"/> Tanks, towers 30 <input type="checkbox"/> Other – Specify _____ _____
Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family – Enter Number of units..... _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units..... _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Fence 18 <input type="checkbox"/> Other – Specify _____ _____	Nonresidential 19 <input type="checkbox"/> Amusement, recreational 20 <input type="checkbox"/> Church, other religious 21 <input type="checkbox"/> Industrial 22 <input type="checkbox"/> Parking garage 23 <input type="checkbox"/> Service station, repair garage 24 <input type="checkbox"/> Hospital, institutional 25 <input type="checkbox"/> Office, bank, professional 26 <input type="checkbox"/> Public utility 27 <input type="checkbox"/> School, library, other educational 28 <input type="checkbox"/> Stores, mercantile 29 <input type="checkbox"/> Tanks, towers 30 <input type="checkbox"/> Other – Specify _____ _____		
C. COST 10. Cost of improvement..... \$ _____ <i>To be installed but not included in the above cost.</i> a. Electrical..... _____ b. Plumbing..... _____ c. Heating, air conditioning... _____ d. Other (elevator, etc.)..... _____ 11. TOTAL COST OF IMPROVEMENT \$ _____	(Omit cents) Nonresidential – describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____		
III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts E – L; For wrecking, complete only Part J, for all others skip to IV.			
E. PRINCIPAL TYPE OF FRAME 31 <input type="checkbox"/> Masonry (wall bearing) 32 <input type="checkbox"/> Wood frame 33 <input type="checkbox"/> Structural steel 34 <input type="checkbox"/> Reinforced concrete 35 <input type="checkbox"/> Other-Specify _____ _____	G. TYPE OF SEWAGE DISPOSAL 41 <input type="checkbox"/> Public or private company 42 <input type="checkbox"/> Private (septic tank, etc.) H. TYPE OF WATER SUPPLY 43 <input type="checkbox"/> Public or private company 44 <input type="checkbox"/> Private (well, cistern)	J. DIMENSIONS 49 Number of stories..... _____ 50. Height of building, ft..... _____ 51. Total square feet of floor area, all floors, based on exterior dimensions.. _____ 52. Total land area, sq. ft..... _____ K. NUMBER OF OFF-STREET PARKING SPACES 53 Enclosed..... _____ 54. Outdoors..... _____	
F. PRINCIPAL TYPE OF HEATING FUEL 36 <input type="checkbox"/> Gas 37 <input type="checkbox"/> Oil 38 <input type="checkbox"/> Electricity 39 <input type="checkbox"/> Coal	I. TYPE OF MECHANICAL Will there be central air conditioning? 45 <input type="checkbox"/> Yes 46 <input type="checkbox"/> No Will there be an elevator? 47 <input type="checkbox"/> Yes 48 <input type="checkbox"/> No	L. RESIDENTIAL BUILDINGS ONLY 55. Number of bedrooms..... _____ 56 Number of bathrooms: a. Full..... _____ b. Partial..... _____	

NOTES and Data – (For department use only)

Lined area for notes and data, consisting of multiple horizontal lines.

IV. IDENTIFICATION – To be completed by all applicants				
	Name	Mailing address – Number, street, City, and State	ZIP Code	Telephone No.
1. Owner or Lessee	_____	_____	_____	_____
2. Contractor	_____	_____	Builder's License No.	_____
3. Architect or Engineer	_____	_____	_____	_____
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her/its authorized agent and we agree to conform to all applicable laws of this jurisdiction.				
Signature of applicant		Address	Application Date	

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – For office use							
Plan Review Required	Check	Plan Review Fee	Date Plan Submitted	By	Date Plan Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS									
Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER					OTHER				

VII. VALIDATION	
Building Permit Number _____ Building Permit Issued _____ Building Permit Fee \$ _____ Date Paid: _____ Certificate of Occupancy \$ _____ Date Paid: _____ Drain Tile \$ _____ Date Paid: _____ Plan Review Fee \$ _____ Date Paid: _____	<div style="border: 1px solid black; padding: 5px;"> <p align="center"><u>FOR DEPARTMENT USE ONLY</u></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____ </div> <p align="right">Approved by: _____</p> <p align="right">_____</p> <p align="right">TITLE</p>

--

VIII. ZONING PLAN EXAMINERS NOTES	
DISTRICT	
USE	
FRONT YARD	
SIDE YARD	SIDE YARD
REAR YARD	
NOTES	

IX. ATTACH SITE OR PLOT PLAN AND CONSTRUCTION PLANS
--

NOTE: This Application will be reviewed for decision only after this form is completed, the applicable fee is received, and such other requirements of applicable City ordinances are satisfied.

NOTE: By affixing signatures hereto, the Applicant and Owner hereby verify that: they have reviewed the applicable zoning and subdivision regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application. The above signatures further indicate that the information provided on this form and on any additional data attached hereto is true, complete, and accurate.



Contractor Information Form

Permit number: _____

Contractor: Lic. # Address Phone number

Plumbing: _____

Electrical: _____

HVAC: _____