

BUILDING PERMIT APPLICATION

Jurisdiction of _____

OWNER
JOB ADDRESS

Applicant to complete numbered spaces only.

JOB ADDRESS							
1	LEGAL DESCR.	LOT NO.	BLK	TRACT	LOT SIZE X	SQ. FT.	ZONED
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	
	Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION ACCEPTED BY	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY		
<p style="text-align: center;">NOTICE</p> <p>Separate permits may be required for Electrical, Plumbing, Heating, Ventilating or Air Conditioning.</p> <p>This permit becomes null and void if work or construction authorized is not commenced within one year (1), or if construction work is suspended or abandoned for a period of one year (1) 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 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.</p>	No. of Dwelling Units	OFFSTREET PARKING SPACES: Covered Uncovered		
	Special Approvals	Required	Received	Not Required
	ZONING			
	HEALTH DEPT.			
	FIRE DEPT.			
	SOIL REPORT			
	OTHER (Specify)			
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ (DATE)				
SIGNATURE OF OWNER (IF OWNER BUILDER) _____ (DATE)				

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

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT ISSUED DENIED CK. M.O. CASH

Date