

ACCESSORY / BUILDING PERMIT APPLICATION

Date submitted to City Bu	ilding Safety Division:			
Project Address:				
	::			
Design Professional Respo	onsible (if applicable):			
Provide the names, phone	numbers and license number	s for the following:		
General Contractor:				
	r:			
	or:			
	etor:			
infrastructure, including, listed, the permit applicant documentation as needed, to Repair.	nated general contractor will out not limited to, roads, wate assumes full responsibility for which may include a bond, proc	r lines, and sewer lines. such damages. The City i	If no general contractor is may also require additional	
Check all that apply:				
□Residential □Commer	cial Addition or Remodel	□Other		
□New Construction □S	ingle Family Multi-Family	(# of dwelling units)	
Total Square Footage of P	roject (if applicable):			
Will a fire sprinkler system	m be installed for the Project?	(please circle one) YI	ES NO	
What is the total cost of co	onstruction of the Project?			
Contact Information: Name:				
	Email:			
Signature:		Date:		
	Office Use	Only		
Date Approved:	By:			
Permit Number:	Total Fee: \$	Date Pai	Date Paid:	