

5. BUILDING PERMIT APPLICATION

Description of Work:		
Est. Start Date	Est. Finish Date	Est. Value \$
____ / ____ / ____	____ / ____ / ____	

6. ELECTRICAL PERMIT APPLICATION

Description of Work:		
Est. Start Date	Est. Finish Date	Est. Value \$
____ / ____ / ____	____ / ____ / ____	

9. SIGN PERMIT APPLICATION(S)

Description of Work:		
Est. Start Date	Est. Finish Date	Est. Value \$
____ / ____ / ____	____ / ____ / ____	

10. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:		
Description of Work:		
Est. Start Date	Est. Finish Date	Est. Value \$
____ / ____ / ____	____ / ____ / ____	

11. SITE PLAN

(Show lot line, easements and work layout and dimensions)

SCALE = 1 Inch = _____ FEET

12. LAND USE AND OCCUPANCY

Single Family
 Two Family
 Single Family Attached
 Multi Family
 Mixed Use
 Commercial Office
 Commercial Retail
 Industrial
 Institutional
 Unknown

A-1 A-2 A-3 A-4 A-5
 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5
 I-1 I-2 I-3 M R-1 R-2 R-3 R-4 S-1 S-2 U

13. FLOODPLAIN / SFHA EVALUATION

(Applicable: YES NO)

Community Panel Number _____ Date _____

Flood Zone _____

14. ZONING EVALUATION

Zoning Certificate Number _____ Date _____

15. PLAN REVIEW FEE RECORD

Plan Review Required	Check	Plan Review Fee	By	Date Plans Approved	By
BUILDING		\$			
PLUMBING		\$			
MECHAICAL		\$			
ELECTRICAL		\$			
OTHER		\$			
TOTAL		\$			

16. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By
CURB OR SIDEWALK CUT				
ELEVATOR				
GRADING				
SEWER				

17. PROJECT DOCUMENTS

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site plan	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Architectural Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Structural Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Mechanical Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Electrical Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Plumbing	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Plat of Survey	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

18. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Utility - Water	
KMU (Sewer)		Utility - Electric	
Engineer		Utility - Gas	
County Health		Zoning	

19. VALIDATION

Building Permit	Date	Number	Permit Fee \$
Electrical Permit	Date	Number	Permit Fee \$
Plumbing Permit	Date	Number	Permit Fee \$
Mechanical Permit	Date	Number	Permit Fee \$
Sign	Date	Number	Permit Fee \$
Plan Review Fee (From Part 14)			\$
Other Fee(s)			\$
TOTAL FEES			\$

Prepared By: _____ Date: _____

Approved By: _____ Title: _____

20. Permit Denied

Reason: _____

Denied By: _____ Title: _____ Date: ____ / ____ / ____