

## BUILDING PERMIT APPLICATION

Permit No.	Receipt No.	Permit Fee	Date Permit Issued			Issued By
		\$	Month	Day	Year	

### LOCATION OF IMPROVEMENT

Address – Street No.		Street Name				
City	Zip	Map #	Sub block	Block	Parcel #	

NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE	LICENSE NO
OWNER				
ARCHITECT				
GEN. CONT.				

### SELECTED CHARACTERISTICS OF WORK

<b>NATURE OF WORK</b> <input type="checkbox"/> 1. New Building <input type="checkbox"/> 2. Addition <input type="checkbox"/> 3. Alteration <input type="checkbox"/> 4. Repair/Replacement <input type="checkbox"/> 5. Demolition <input type="checkbox"/> 6. Moving/Relocation <input type="checkbox"/> 7. Foundation Only	<b>IF RESIDENTIAL UNITS</b> <input type="checkbox"/> 1. One Family _____ 1 <input type="checkbox"/> 2. Duplex _____ 2 <input type="checkbox"/> 3. Apartment _____ <input type="checkbox"/> 4. Condominium _____ <input type="checkbox"/> 5. Dorm/ Rooming House _____ <input type="checkbox"/> 6. Other (Specify) _____	<b>DESCRIPTION OF WORK</b>          
---	---	--

<b>TYPE OF OCCURRENCE</b> <input type="checkbox"/> 1. Assembly <input type="checkbox"/> 2. Business <input type="checkbox"/> 3. Educational <input type="checkbox"/> 4. Hazardous <input type="checkbox"/> 5. Factory – Industrial <input type="checkbox"/> 6. Institutional <input type="checkbox"/> 7. Mercantile <input type="checkbox"/> 8. Residential <input type="checkbox"/> 9. Storage	<b>PRINCIPAL TYPE OF FRAME</b> <input type="checkbox"/> Type 1 – Fireproof <input type="checkbox"/> Type 2 – Fire Resistant <input type="checkbox"/> Type 3 – Heavy Timber <input type="checkbox"/> Type 4 – Non-Combustible <input type="checkbox"/> Type 5 – Ordinary Construction <input type="checkbox"/> Type 6 – Wood Frame
--	---

TYPE OF WORK	VALUE	CONTRACTOR
Building		
Electrical		
Plumbing		
Heating		
Air Conditioning		
Other (Excluding Land)		
<b>TOTAL</b>		

SOURCE OF WATER SUPPLY \_\_\_\_\_ SOURCE OF SEWAGE DISPOSAL \_\_\_\_\_

UTILITY PROVIDER \_\_\_\_\_

### FLOOD PLAIN DATA – COMPLETE ONLY IF SITE WITHIN 100 YEAR FLOOD PLAIN

Zone \_\_\_\_\_ Elevation of 100 Year Flood \_\_\_\_\_ Feet | First Floor Elevation Above Sea Level \_\_\_\_\_ Feet

Zoning Approval	Subdivision Approval	Storm Drainage Approval

### AFFIDAVIT OF APPLICANT

1. No work will be started before permit card is posted or continued if the permit card is destroyed, lost or stolen.
2. No work is to be continued if permit card is destroyed, lost or stolen.
3. Contractor and subcontractors will secure (if required) a business license before beginning any work.
4. This permit is void if job is not started within 6 months of application date.
5. I will be responsible and will pay for the business license of any contractor or subcontractor doing work on this project if found without a license.
6. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate any applicable governmental ordinances, codes, or laws, and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration or change from this application without approval of the Building Official, shall constitute

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

**DO NOT WRITE IN SHADED AREAS**

**sufficient ground for the revocation of any permit issued which was based on the approval of this application. This permit does not authorize any encroachment upon public property.**

---

**Signature of Applicant**

---

**Address**

---

**Date**