

# BUILDING PERMIT APPLICATION

NOTICE: Separate permits are required for Electrical, Plumbing, Heating, and Air Conditioning, Gas, Fire Alarm, Sprinkler and Hauling or fill materials.

This permit becomes null and void if the work or construction authorized is no commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

## 1. Job Address

\_\_\_\_\_

Lot#: \_\_\_\_\_ Flood Zone \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ PPIN: \_\_\_\_\_

## 2. Developer Information

<p><b>Owner</b></p> <p>Name: _____</p> <p>Address: _____</p>	<p><b>Contractor</b></p> <p>Name: _____</p> <p>Address: _____</p>
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Phone #: (____) _____	Fax #: (____) _____	Phone #: (____) _____	Fax #: (____) _____
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Email: _____	Email: _____
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<p><b>Engineer</b></p> <p>Name: _____</p> <p>Address: _____</p>	<p><b>Architect</b></p> <p>Name: _____</p> <p>Address: _____</p>
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Phone #: (____) _____	Fax #: (____) _____	Phone #: (____) _____	Fax #: (____) _____
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Address: _____	Address: _____
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Phone #: (____) _____	Fax #: (____) _____	Phone #: (____) _____	Fax #: (____) _____
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Email: _____	Email: _____
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## 3. Use of Building

\_\_\_\_\_

## 4. Class of work

New     
  Addition     
  Alteration     
  Repair     
  Move     
  Remove

**5. Description of Work**

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**6. Valuation of Work** \$ \_\_\_\_\_

**7. Building Special Conditions**

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I hereby verify 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.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

**\*\*\*SECTION BELOW FOR BUILDING DEPARTMENT USE ONLY\*\*\***

	Amount	Received	Due
Application			
Plan Review			
Permit			
Public Notice			
Total Fees			

Type of Construction \_\_\_\_\_

Occupancy Group \_\_\_\_\_

Total Sq Ft. of Building \_\_\_\_\_

Number of Stories \_\_\_\_\_

Max Occupancy Load \_\_\_\_\_

Number of Dwelling Units \_\_\_\_\_

Fire Alarm            Yes        No

Fire Sprinklers            Yes        No

Fire Approval \_\_\_\_\_

Date \_\_\_\_\_

Zoning Approval \_\_\_\_\_

Date \_\_\_\_\_ Zoning District \_\_\_\_\_

Special Zoning Conditions: \_\_\_\_\_