BUILDING PERMIT

Jurisdiction of_____

Applicant to complete numbered spaces only.

OWNER

JOB ADDRESS

JOB ADDRESS

1 LEGAL DESCR. | LOT NO. | BLK | TRACT | (☐ SEE ATTACHED SHEET)

2 OWNER | MAIL ADDRESS | ZIP | PHONE

3 CONTRACTOR | MAIL ADDRESS | PHONE | REGISTRATION NO.

4 ARCHITECT OR DESIGNER | MAIL ADDRESS | PHONE | REGISTRATION NO.

5 ENGINEER | MAIL ADDRESS | PHONE | REGISTRATION NO.

6 LENDER | MAIL ADDRESS | BRANCH

7 USE OF BUILDING

8 Class of work: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE

9 Describe work:

10 Valuation of work: $

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY

PLAN CHECK FEE		PERMIT FEE
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 ☐ Yes ☐ No
No. of Dwelling Units	OFFSTREET PARKING SPACES: Covered	Uncovered

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.

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.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

Special Approvals	Required	Received	Not Required
ZONING			
HEALTH DEPT.			
FIRE DEPT.			
SOIL REPORT			
OTHER (Specify)			

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

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

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