

# BUILDING PERMIT

Jurisdiction of \_\_\_\_\_

*Applicant to complete numbered spaces only.*

JOB ADDRESS  
OWNER

JOB ADDRESS			
1 LEGAL DESCR.	LOT NO.	BLK	TRACT <input type="checkbox"/> (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: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE			
9 Describe work:			

10 Valuation of work: \$	PLAN CHECK FEE	PERMIT FEE
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SPECIAL CONDITIONS:  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">APPLICATION ACCEPTED BY</td> <td style="width: 33%;">PLANS CHECKED BY</td> <td style="width: 33%;">APPROVED FOR ISSUANCE BY</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Type of Const.</td> <td>Occupancy Group</td> <td>Division</td> </tr> <tr> <td>Size of Bldg. (Total) Sq. Ft.</td> <td>No. of Stories</td> <td>Max. Occ. Load</td> </tr> <tr> <td>Fire Zone</td> <td>Use Zone</td> <td>Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>No. of Dwelling Units</td> <td colspan="2">OFFSTREET PARKING SPACES: Covered _____ Uncovered _____</td> </tr> </table>	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 <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Dwelling Units	OFFSTREET PARKING SPACES: Covered _____ Uncovered _____	
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**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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