

Building Permit Application

Permit No. _____

Receipt No. _____

Permit Fee \$ _____

Date Permit Issued _____

Issued By _____

(74-80)

Day (37-38)

Mo. (39-40)

Year (41-42)

LOCATION OF IMPROVEMENT

Address: Street No. (1-6) _____

Street Name (8-32) _____

Street Type _____

City (33-34) _____

County (35-36) _____

Zip Code _____

School (44)
District _____

Fire (45-46)
District _____

Census (47-51)
Tract _____

Tax
District _____

TAX MAP

SUBDIVISION

Page _____

Block _____

Lot _____

Name _____

Section _____

Block _____

Lot _____

NAME

MAILING ADDRESS

ZIP CODE

TELEPHONE

LICENSE NO.

OWNER _____

ARCHITECT _____

GEN.CONTRACTOR _____

SELECTED CHARACTERISTICS OF WORK

DESCRIPTION OF WORK:

NATURE OF WORK

1. New Building (52)

2. Addition

3. Alteration

4. Repair/Replacement

5. Demolition

6. Moving/Relocation

7. Foundation Only

DIMENSIONS

1. Number of Floors _____

2. Total Floor Area of New Construction Based on Exterior Dimensions _____

Sq.Ft. _____

Heated _____

Basement _____

Accessory Structures _____

3. Land Area _____ Sq.Ft.

ESTIMATED DATE OF COMPLETION:

OWNERSHIP (53)

1. Private (Individual, Corporation, Other)

2. Public (Federal, State Local Gov'ts., Other)

PROPOSED USE (IF DEMOLITION INDICATE MOST RECENT USE)

TYPE OF OCCURRENCE (54)

1. Assembly

2. Business

3. Educational

4. Hazardous

5. Factory - Industrial

6. Institutional

7. Mercantile

8. Residential

9. Storage

IF RESIDENTIAL (55) UNITS (56-58)

1. One Family _____ 1

2. Mobile Home _____ 1

3. Duplex _____ 2

4. Apartment _____

5. Condominium _____

6. Dorm/ Rooming House _____

7. Other (Specify) _____

If Conversion, Explain: _____

OFF STREET PARKING

1. Indoor Number _____

2. Outdoor Number _____

3. TOTAL _____

SINGLE FAMILY ONLY

Rooms Number _____

Bedrooms (59) Number _____

Bathrooms-Full (60) Number _____

Bathrooms-Partial (61) Number _____

Total Rooms (62) _____

PRINCIPAL HEATING FUEL (63)

1. Gas

2. Oil

3. Electricity

4. Coal

5. Wood

6. Other _____

TYPE OF WORK VALUE

Building \$ _____

Electrical \$ _____

Plumbing \$ _____

Heating \$ _____

Air Conditioning \$ _____

Other (Excluding Land) \$ _____

TOTAL (64-71) \$ _____

CONTRACTOR

SOURCE OF SEWAGE DISPOSAL (Permit No.)

FLOOD PLAIN DATA — COMPLETE ONLY IF SITE WITHIN 100 YEAR FLOOD PLAIN

Elevation of 100 Year Flood _____ Feet First Floor Elevation Above Mean Sea Level _____ Feet

Zoning Approval

Subdivision Approval

Storm Drainage Approval

AFFIDAVIT OF APPLICANT

1. No work will be started before permit card is posted.
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 six (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. 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 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 _____

OFFICE USE