

# BUILDING PERMIT APPLICATION

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

1

JOB ADDRESS  
OWNER

*Applicant to complete numbered spaces only.*

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 LICENSE NO.
4 ARCHITECT OR DESIGNER		MAIL ADDRESS	PHONE LICENSE NO.
5 ENGINEER		MAIL ADDRESS	PHONE LICENSE 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 Change of use from			
Change of use to			

11 Valuation of work: \$		PLAN CHECK FEE	PERMIT FEE		
SPECIAL CONDITIONS:		Type of Const.	Occupancy Group		
		Size of Bldg (Total) Sq. Ft.	No. of Stories		
		Fire Zone	Use Zone		
APPLICATION ACCEPTED BY		PLANS CHECKED BY	APPROVED FOR ISSUANCE BY		
<p style="text-align: center;"><b>NOTICE</b></p> <p>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 120 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>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.</p> <p>_____ SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)</p> <p>_____ SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)</p>		Division	Max. Occ. Load		
		Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFSTREET PARKING SPACES:		
		No. of Dwelling Units	Covered	Uncovered	
		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