

# BUILDING PERMIT

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

Applicant to complete numbered spaces only.

1  
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	
SPECIAL CONDITIONS:			Type of Const.	Occupancy Group	Division	
			Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load	
APPLICATION ACCEPTED BY:			Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLANS CHECKED BY:			No. of Dwelling Units	OFFSTREET PARKING SPACES:		
APPROVED FOR ISSUANCE BY:				Covered	Uncovered	
<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 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS 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>			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