



BUILDING PERMIT APPLICATION

PLEASE PRINT CLEARLY

BUILDING PERMIT NO.:
Related Files:
Department Use Only

PROJECT ADDRESS (NOT MAILING ADDRESS)		SUITE/UNIT NO.		DATE	
OWNER		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	
OWNER ADDRESS		CITY		STATE	
		ZIP		E-MAIL ADDRESS	
CONTACT PERSON		PLEASE SELECT ONE: <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE/TENANT <input type="checkbox"/> DESIGNER <input type="checkbox"/> AGENT FOR OWNER <input type="checkbox"/> CONTRACTOR		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	
		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	
CONTACT ADDRESS		CITY		STATE	
		ZIP		E-MAIL ADDRESS	
APPLICANT		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	
APPLICANT ADDRESS		CITY		STATE	
		ZIP		E-MAIL ADDRESS	
CONTRACTOR'S NAME - IF OWNER/BUILDER - HAS OWNER BEEN GIVEN THE OWNER'S ACKNOWLEDGMENT AND VERIFICATION FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO					
CONTRACTORS STATE LICENSE NUMBER & CLASSIFICATION				<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS -	
				<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS -	
CONTRACTOR ADDRESS		CITY		STATE	
		ZIP		E-MAIL ADDRESS	
TYPE OF PERMIT (MARK ALL THAT APPLY)					
<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> GRADING <input type="checkbox"/> DEMOLITION					
TOTAL SQUARE FOOTAGE OF THIS PROJECT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL/TENANT IMPROVEMENT <input type="checkbox"/> REPAIR					
COMMERCIAL/INDUSTRIAL:		RESIDENCE:		GARAGE:	
				DECK:	
				COVERED PORCHES:	
DESCRIPTION OF WORK:					
<input type="checkbox"/> OWNER/BUILDER <input type="checkbox"/> FOR SALE <input type="checkbox"/> FOR RENT				VALUATION OF WORK COVERED BY THIS APPLICATION	
I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT					
SIGNATURE:				DATE:	
OCCUPANCY GROUP		TYPE OF CONSTRUCTION		CBC EDITION USED	
				NO OF STORIES	
				CHANGE OF OCCUPANCY FROM: TO:	
NO. OF DWELLING UNITS		PRESENT USE		PROPOSED USE	
HIGH FIRE SEVERITY ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE ALARM SYSTEMS <input type="checkbox"/> YES <input type="checkbox"/> NO	
				FIRE STANDPIPES <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THIS A CODE ENFORCEMENT CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST CASE NO.:					
FOR DEPARTMENT USE ONLY					
PLANNING APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO		PLANNERS INITIALS:		DATE:	
ZONE:		FRONT SETBACK:		REAR SETBACK:	
HILLSIDE YES <input type="checkbox"/> NO <input type="checkbox"/>		HISTORIC YES <input type="checkbox"/> NO <input type="checkbox"/>		SIDE SETBACK INTERIOR: EXTERIOR:	