



Building Permit Application

PERMIT TYPE (CHECK ONE)

- COMMERCIAL
- MECHANICAL
- ELECTRICAL
- SOLAR
- RESIDENTIAL
- PLUMBING
- SIGN
- ROOF

| | |
|-------|-----------|
| Owner | Phone No. |
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| | |
|-------------------------|----------------|
| Owner's Mailing Address | City/State/Zip |
|-------------------------|----------------|

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|--------------------|-------|
| JOB SITE - Address | Email |
|--------------------|-------|

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|---------|-------------|----------------|
| Lot No. | Subdivision | Tax Serial No. |
|---------|-------------|----------------|

| Existing Use of Parcel | | | Intended Use of Parcel | | |
|---|--|---|--|---|--|
| <input type="checkbox"/> Vacant | <input type="checkbox"/> Accessory Apt. | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Accessory Apt. | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Accessory Apt. |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Commercial | <input type="checkbox"/> Single-Family | <input type="checkbox"/> Commercial | <input type="checkbox"/> Single-Family | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Single-Family | <input type="checkbox"/> Industrial | <input type="checkbox"/> Twin-Home | <input type="checkbox"/> Industrial | <input type="checkbox"/> Twin-Home | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Duplex/Twin-Home | <input type="checkbox"/> Other - Specify _____ | <input type="checkbox"/> Duplex | <input type="checkbox"/> Other - Specify _____ | <input type="checkbox"/> Duplex | <input type="checkbox"/> Other - Specify _____ |
| <input type="checkbox"/> Multiple Units | | <input type="checkbox"/> Multiple Units | | <input type="checkbox"/> Multiple Units | |

| | | | | | |
|--------------------|--------------------------|--------------|-------------|---------------|-----------------------|
| No. Dwelling Units | Owner Occupied or Rental | No. Bedrooms | No. Stories | Occupant Load | Proposed Valuation \$ |
|--------------------|--------------------------|--------------|-------------|---------------|-----------------------|

| | | | | | |
|------------------------|---------------------------|--------------------|-------------------------------|----------------------------|---------------------|
| Bldg. Dimensions/sq ft | Carport/Garage Dim./sq ft | Attached Yes No | No. Off-Street Parking Spaces | Fire Sprinklered Yes No | Elect. Service Size |
|------------------------|---------------------------|--------------------|-------------------------------|----------------------------|---------------------|

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|----------------------|-------------------------------|------------------------------------|
| Lot Dimensions/sq ft | No. Dwelling Units Now on Lot | Other Buildings Now on Lot and Use |
|----------------------|-------------------------------|------------------------------------|

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|------------|-----------|-------|
| Contractor | Phone No. | Email |
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|----------------------------|----------------|
| Contractor Mailing Address | City/State/Zip |
|----------------------------|----------------|

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|-------------|-------|
| License No. | Email |
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|-----------------------|-------------|
| Electrical Contractor | License No. |
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| Plumbing Contractor | License No. |
|---------------------|-------------|

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| Mechanical Contractor | License No. |
|-----------------------|-------------|

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|--------------------|-----------|
| Architect/Engineer | Phone No. |
|--------------------|-----------|

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|------------------------------------|-------|
| Architect/Engineer Mailing Address | Email |
|------------------------------------|-------|

| Floor | Ext Walls | Int. Walls | Ceiling | Roof | Heating | Sewer |
|-----------------------------------|----------------------------------|------------------------------------|--------------------------------------|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Masonry | <input type="checkbox"/> Masonry | <input type="checkbox"/> Open Beam | <input type="checkbox"/> Wood Shingle | <input type="checkbox"/> Electric | <input type="checkbox"/> Public |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Frame | <input type="checkbox"/> Frame | <input type="checkbox"/> Plaster | <input type="checkbox"/> Comp. Shingle | <input type="checkbox"/> Nat. Gas | <input type="checkbox"/> Private |
| | <input type="checkbox"/> Stucco | <input type="checkbox"/> Plaster | <input type="checkbox"/> Sheetrock | <input type="checkbox"/> Built-up | <input type="checkbox"/> L.P.G. | |
| | <input type="checkbox"/> Siding | <input type="checkbox"/> Sheetrock | <input type="checkbox"/> Wood | <input type="checkbox"/> Metal | <input type="checkbox"/> Oil | |
| | <input type="checkbox"/> Metal | <input type="checkbox"/> Wood | <input type="checkbox"/> Fiber Board | <input type="checkbox"/> Shake | <input type="checkbox"/> Solid | |

BRIEFLY DESCRIBE TYPE OF WORK TO BE DONE:

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APPLICANT PLEASE READ CAREFULLY

I agree to comply with all City, County and State Building Laws and Ordinances, and that the representation in this application for a building permit are true and accurate, and any misrepresentations or errors herein are the sole responsibility of the applicant, and shall in no way incur or accrue liability or obligation to enforcing officers or agents. This permit becomes null and void if work on construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. OCCUPANCY OF STRUCTURE IS PROHIBITED UNTIL AFTER FINAL INSPECTION AND COMPLIANCE TO ALL CITY ORDINANCES HAVE BEEN VERIFIED. I HAVE CHECKED THE SEWER DEPTH OF ABOVE LOT AND WILL TAKE ALL RESPONSIBILITY FOR SETTING BUILDING ACCORDINGLY.

Owner's Signature _____ Date _____

Contractor's Signature _____ Date _____

OFFICE USE ONLY

| | |
|--------------------------|--------------|
| Building | Date |
| Electrical | Date |
| Planning/Zoning | Date |
| Zone | Overlay Zone |
| Comments | |
| Police Chief/Fire Chief | Date |
| Public Works/Engineering | Date |
| SWPPP | Date |

| Minimum Property Setback Distances (Measured from Property Line) | |
|---|--|
| Front Yard | |
| Rear Yard | |
| Corner Side Yard | |
| Side Yard | |
| Side Yard | |
| Side Load Garage | |
| Max Drive Approach | |