

**ALL ITEMS WITH ASTERISK ★ MUST BE FILLED OUT**

**BUILDING PERMIT APPLICATION**

BECOMES PERMIT WHEN SIGNED

★ Date of Application		Date Work Starts	Receipt No.	Date Issued	Permit Number								
★ Proposed Use of Structure			<b>BUILDING FEE SCHEDULE</b>										
★ Bldg. Address		Square Ft. of Building		Valuation									
★ Address Certificate No.		Assessors Parcel No.		Building Fees									
★ Lot #		★ Block		★ Subd. Name & Number									
★ Property Location		<input type="checkbox"/> ★ If metes and bounds see instructions		Plan Check Fees									
★ Total Property Area - In Acres or Sq. Ft.		Total Bldg. Site Area Used		Electrical Fees									
★ Owner of Property		Phone		Plumbing Fees									
★ Mailing Address		City - Zip		Mechanical Fees									
★ Business Name Address		Business Lic. No.		Subtotal									
★ Architect or Engineer		Phone		Water									
★ General Contractor		Phone		Sewer									
★ Business Address - City - Zip		★ State Lic. No.		★ City/Co. Lic. No.									
★ Electrical Contractor		Phone		Storm Sewer									
★ Business Address - City - Zip		★ State Lic. No.		★ City/Co. Lic. No.									
★ Plumbing Contractor		Phone		Moving or Demo.									
★ Business Address - City - Zip		★ State Lic. No.		★ City/Co. Lic. No.									
★ Mechanical Contractor		Phone		Temporary Conn.									
★ Business Address - City - Zip		★ State Lic. No.		★ City/Co. Lic. No.									
★ Previous Usage of Land or Structure (Past 3 yrs.)		★ Assesory Bldgs. Now on Lot		Reinspection									
★ Dwell. Units Now on Lot		★ Assesory Bldgs. Now on Lot		State Fee									
★ Type of Improvement/Kind of Const.		<input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish		Special Approvals Board of Adjustment Health Dept. Fire Dept. Soil Report Water or Well Permit Traffic Engineer Flood Control Sewer or Septic Tank City Engineer (off site) Gas Comments:									
★ No. of offstreet parking spaces:		Covered                      Uncovered _____                      _____		Land Use Cert. Electrical Dept. HiBack C.G. & S. Other Bond Required <input type="checkbox"/> Yes <input type="checkbox"/> No                      Amount									
SUB-CHECK    Zone                      Zone Approved By _____                      _____		This application does not become a permit until signed below.		Plan Chk. OK by _____									
Disapproved Approved                      Date                      Sub-Ck. By                      _____		Minimum Setbacks in Feet <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Front</td> <td>Side</td> <td>Side</td> <td>Rear</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Front	Side	Side	Rear					Signature of Approval                      Date _____                      _____	
Front	Side	Side	Rear										
Indicate Street If Corner Lot _____		Indicate North _____		Plot Plan 									
NOTE: 24 hours notice is required for all inspections.		★ Signature of Contractor or Authorized Agent                      Date _____                      _____		★ Signature of Owner (If owner)                      (Date) _____                      _____									
PLANNING DEPT. USE		Census Tract.                      Traffic Zone                      Coordinate Ident. No. _____                      _____                      _____		New S.L.U. Code No.                      Old S.L.U. Code No. _____                      _____									
Certificate of Occupancy		_____											