

**BUILDING PERMIT APPLICATION: Becomes permit when signed by City Official**

All items marked with Asterisk \* Must be filled out

*Date of Application	Date Work Starts	Receipt #	Date Issued	Permit Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Proposed Use of Structure		BUILDING FEE SCHEDULE		
<input type="text"/>		Square Foot of Bldg.	Valuation	
*Building Address		<input type="text"/>	<input type="text"/>	
<input type="text"/>		Rough Basement	Building Fees _____	
*Address Certificate	Assessors Parcel #	Finish Basement	Plan Check Fees _____	
<input type="text"/>	<input type="text"/>	Carport Sq. Ft.	Electrical Fees _____	
* Lot, Block, Subdivision name and number		<input type="text"/>	Plumbing Fees _____	
<input type="text"/>		Garage Sq. Ft.	Mechanical Fees _____	
*Property Location		<input type="text"/>	SUBTOTAL _____	
<input type="text"/>		Type of Bldg	Water _____	
*Total Property area	Total Bldg Site area used	Occ. Group	Sewer _____	
<input type="text"/>	<input type="text"/>	No. of Bldg	Storm Sewer _____	
*Owner of Property	*Phone #	No. of Bedrooms	Moving/demo _____	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Temporary Conn _____	
*Mailing Address	City, Zip	No. of Dwellings	Reinspection _____	
<input type="text"/>	<input type="text"/>	<input type="text"/>	State Fee _____	
*Business Name Address	Business License #	Type of Construction	_____	
<input type="text"/>	<input type="text"/>	Frame      Brick Var	TOTAL _____	
*Architect or Engineer	Phone #	Brick      Block		
<input type="text"/>	<input type="text"/>	Concrete    Steel		
*General Contractor	Phone #	Max. Occ Load	<input type="text"/>	
<input type="text"/>	<input type="text"/>	Fire Sprinkler	<input type="text"/>	
*Business Address, City	<input type="text"/>			
*State License #	City/Co License #	<b>* Type of Improvement/Kind of Construction</b>		
<input type="text"/>	<input type="text"/>	Sign      Build      Remodel      Move		
*Electrical Contractor	Phone #	Addition    Repair      Convert      Demo		
<input type="text"/>	<input type="text"/>			
Business Address, City		Special Approvals	Required	Approved
<input type="text"/>		Board of Adjustment	_____	_____
*State License #	City/Co License #	Health Department	_____	_____
<input type="text"/>	<input type="text"/>	Fire Department	_____	_____
*Plumbing Contractor	Phone #	Gas	_____	_____
<input type="text"/>	<input type="text"/>	Comments:	<div style="border: 1px solid black; height: 100px;"></div>	
*Business Address, City		<input type="text"/>		
*Mechanical Contractor	Phone #	<input type="text"/>		
<input type="text"/>	<input type="text"/>	Land Use Cert	Electrical Dept	
*Previous Usage of Land or Structure ( Past 3 yrs)		<input type="text"/>	<input type="text"/>	
<input type="text"/>		HiBack C.G.&S.	Bond Required, Amount	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

**This application does not become a permit until signed below**

Plan Check OK By:

Signature of Approval  Date

This Permit becomes null and void if work or 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. 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 state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

\* Signature of Contractor or Authorized Agent  Date

\* Signature of Owner (if owner)  Date

**NOTE: 24 Hours notice is required for all inspections**