DO NOT WRITE IN SHADED AREAS

Building Permit Application

Permit No.	Receipt No.	Permit Fee	Date Permit Issued			Issued By
(74-80)		$	Day (37-38)	Mo. (39-40)	Year (41-42)	

LOCATION OF IMPROVEMENT

Address: Street No. (1-6)   Street Name (8-32)   Street Type

City (33-34)	County (35-36)	Zip Code	School (44) District	Fire (45-46) District	Census (47-51) Tract	Tax District

TAX MAP			SUBDIVISION				
Page	Block	Lot	Name		Section	Block	Lot

	NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE	LICENSE NO.
OWNER					
ARCHITECT					
GEN.CONTRACTOR					

SELECTED CHARACTERISTICS OF WORK

NATURE OF WORK
- ☐ 1. New Building (52)
- ☐ 2. Addition
- ☐ 3. Alteration
- ☐ 4. Repair/Replacement
- ☐ 5. Demolition
- ☐ 6. Moving/Relocation
- ☐ 7. Foundation Only

OWNERSHIP (53)
- ☐ 1. Private (Individual, Corporation, Other)
- ☐ 2. Public (Federal, State Local Gov'ts., Other)

DIMENSIONS
1. Number of Floors _____
2. Total Floor Area of New Construction Based on Exterior Dimensions
   _____ Sq.Ft.
   Heated _____
   Basement _____
   Accessory Structures_____
3. Land Area _____ Sq.Ft.

DESCRIPTION OF WORK:

ESTIMATED DATE OF COMPLETION:

PROPOSED USE (IF DEMOLITION INDICATE MOST RECENT USE)

TYPE OF OCCURRENCE (54)
- ☐ 1. Assembly
- ☐ 2. Business
- ☐ 3. Educational
- ☐ 4. Hazardous
- ☐ 5. Factory – Industrial
- ☐ 6. Institutional
- ☐ 7. Mercantile
- ☐ 8. Residential
- ☐ 9. Storage

IF RESIDENTIAL (55)   UNITS (56-58)
- ☐ 1. One Family _____ 1
- ☐ 2. Mobile Home _____ 1
- ☐ 3. Duplex _____ 2
- ☐ 4. Apartment _____
- ☐ 5.Condominium _____
- ☐ 6. Dorm/ Rooming House _____
- ☐ 7. Other (Specify) _____

If Conversion, Explain: _____

OFF STREET PARKING
- ☐ 1. Indoor   Number _____
- ☐ 2. Outdoor   Number _____
- **3. TOTAL**   _____

SINGLE FAMILY ONLY

Rooms	Number
Bedrooms (59)	
Bathrooms-Full (60)	
Bathrooms-Partial (61)	
Total Rooms (62)	

PRINCIPAL HEATING FUEL (63)
- ☐ 1. Gas
- ☐ 2. Oil
- ☐ 3. Electricity
- ☐ 4. Coal
- ☐ 5. Wood
- ☐ 6. Other _____

SOURCE OF WATER SUPPLY
_____

SOURCE OF SEWAGE DISPOSAL (Permit No.)
_____

TYPE OF WORK	VALUE	CONTRACTOR
Building	$	
Electrical	$	
Plumbing	$	
Heating	$	
Air Conditioning	$	
Other (Excluding Land)	$	
TOTAL (64-71)	$	

FLOOD PLAIN DATA — COMPLETE ONLY IF SITE WITHIN 100 YEAR FLOOD PLAIN

Elevation of 100 Year Flood _____ Feet   First Floor Elevation Above Mean Sea Level _____ Feet

Zoning Approval	Subdivision Approval	Storm Drainage Approval

AFFIDAVIT OF APPLICANT

1. No work will be started before permit card is posted.
2. No work is to be continued if permit card is destroyed, lost, or stolen.
3. Contractor and subcontractors will secure (if required) a business license before beginning any work.
4. This permit is void if job is not started within six (6) months of application date.
5. I will be responsible and will pay for the business license of any contractor or subcontractor doing work on this project if found without a license.
6. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate any applicable governmental ordinances, codes, or laws, and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration or change from this application without approval of the Building Official, shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. This permit does not authorize any encroachment upon public property.

_____   _____
Signature of Applicant   Date

_____
Address

OFFICE USE