

BUILDING PERMIT APPLICATION

BECOMES PERMIT WHEN SIGNED

*Date of Application	Date Work Starts	Receipt No.	Date Issued	Permit Number
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*Proposed Use of Structure

*Bldg. Address

*Address Certificate No. Assessors Parcel No.

*Lot #	*Block	* Subd. Name & Number
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*Property Location *If metes and bounds see instructions

*Total Property Area - In Acres or Sq. Ft. Total Bldg. Site Area Used

*Owner of Property Phone

*Mailing Address City - Zip

*Business Name Address Business Lic. No.

*Architect or Engineer Phone

*General Contractor Phone

*Business Address - City - Zip	* State Lic. No.	* City/Co. Lic. No.
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*Electrical Contractor Phone

*Business Address - City - Zip	* State Lic. No.	* City/Co. Lic. No.
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*Plumbing Contractor Phone

* Business Address - City - Zip	* State Lic. No.	* City/Co. Lic. No.
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*Mechanical Contractor Phone

* Business Address - City - Zip	* State Lic. No.	* City/Co. Lic. No.
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* Previous Usage of Land or Structure (Past 3 yrs.)

*Dwell. Units Now on Lot * Assessory Bldgs. Now on Lot

*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

*No. of offstreet parking spaces:

Covered	Uncovered
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BUILDING FEE SCHEDULE			
Square Ft. of Building		Valuation	
<input type="checkbox"/> Rough Basement		Building Fees	
<input type="checkbox"/> Finish Basement		Plan Check Fees	
Carport sq. ft.		Electrical Fees	
Garage sq. ft.		Plumbing Fees	
Type of Bldg.	Occ. Group	Mechanical Fees	
No. of Bldgs.	R. Value Walls Roof	Subtotal	
No. of Stories	R R	Water	
No. of Bedrooms		Sewer	
No. of Dwellings		Storm Sewer	
Type of Construction		Moving or Demo.	
<input type="checkbox"/> Frame <input type="checkbox"/> Brick Var.		Temporary Conn.	
<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel		Reinspection	
Max. Occ. Load		State Fee	
Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No		Total	

Special Approvals	Required	Received	Approved
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:

Land Use Cert.

Electrical Dept.

HiBack C.G. & S.

Other

Bond Required Yes No Amount

This application does not become a permit until signed below.

Plan Chk. 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 other 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)

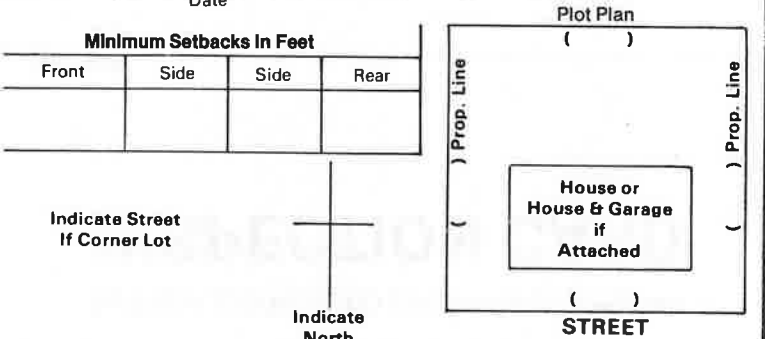
Census Tract.	Traffic Zone	Coordinate Ident. No.
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New S.L.U. Code No.	Old S.L.U. Code No.
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Certificate of Occupancy

SUB-CHECK	Zone	Zone Approved By
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Disapproved _____
Approved _____ Date Sub-Ck. By _____



NOTE: 24 hours notice is required for all inspections.

PLANNING DEPT. USE