



## BUILDING PERMIT APPLICATION

<b>PERMIT NUMBER:</b>
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<b>JOB ADDRESS</b>											
LEGAL DESCR	LOT	BLOCK	SUBDIVISION/TENANT NAME				<b>FILING</b>	<b>PHASE</b>			
OWNER		MAIL ADDRESS				PHONE					
GENERAL CONTRACTOR			ADDRESS			PHONE		VALUATION			
PLUMBING CONTRACTOR			ADDRESS			PHONE		VALUATION			
MECHANICAL CONTRACTOR			ADDRESS			PHONE		VALUATION			
ELECTRICAL CONTRACTOR			ADDRESS			PHONE		VALUATION			
OTHER CONTRACTOR			ADDRESS			PHONE		VALUATION			
<b>DESCRIBE WORK:</b>					SQUARE FOOTAGE:		# BEDROOMS:		TYPE:		
					FINISHED:		# BATHROOMS		GROUP:		
					UNFINISHED:						
					GARAGE:						
<b>TOTAL VALUATION OF WORK:</b>			LABOR:		MATERIAL:		NO. STORIES		CONSTRUCTION MTR: YES      NO		
LIQUOR LICENSE ON SITE:		YES	NO	LAWN SPRINKLERS:		<b>FOUNDATION TYPE (circle one):</b>					
SPECIAL CONDITIONS:			FRONT		REAR		Caisson	Helical Piers	Interrupted Pad Ftgs	Spread Ftgs	
ALLOCATION #:			<b>ROUTING:</b>		<b>DATE REC'D</b>	<b>BY:</b>	<b>APPROVED</b>		<b>DISPRV'D</b>		
PLAN NUMBER			APPROVED BY		ZONING:						
					DEV. ENGINEER						
					FIRE DEPARTMENT:						
<p style="text-align: center;">NOTICE:</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT INSPECTED 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. NO PERMIT SHALL BE VALID FOR MORE THAN ONE (1) YEAR FROM DATE OF ISSUANCE. SECTION 10-61.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS PERMIT 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 THIS PERMIT DOES NOT PRESUME OR GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>							PERMIT FEE ELECTRICAL PLUMBING MECHANICAL PLAN CHECK USE TAX FIRE OTHER				
CONTRACTOR _____			OWNER _____			ARCHITECT _____					
<b>SIGNATURE:</b>					<b>DATE:</b>						
CONTACT PERSON:(PRINT)			PHONE#			FAX#		TOTAL			

**E-Mail Address:**