

Date: _____

APPLICATION FOR BUILDING PERMIT
(Allow 7 days Residential)
(Allow 14 days Commercial)

OWNER: _____ Pho. _____
_____ Fax _____

CONTRACTOR: _____ Pho. _____
_____ Fax _____

Location of Bldg. Site: _____
Bldg. to be used as: _____

INSTRUCTIONS TO ALL PLAN REVIEWERS:

Please complete all of the relevant sections under your review at your earliest convenience and pass the application and plans along to the next review department. Make sure that **you** have contacted the appropriate party of any changes or corrections that are to be made prior to the issuance of the building permit. Keep a record of your review so that **you** can keep up with the approved provisions of your department as the project progresses toward completion. This is necessary to prevent delays with the issuance of a Certificate of Occupancy on completion of the project.

ZONING: Date Received: _____ Date Completed: _____ By: _____
Lot _____ Block _____ Addn. _____ Site Zoned _____
Lot Dimensions: Length _____ Width _____ Sq. Ft. _____
Setbacks Required: Front _____ / Rear _____ / Side _____ / Side _____
Setbacks Shown on Plans: Front _____ / Rear _____ / Side _____ / Side _____
Parking Required: _____ spaces Handicapped: 1 2 3 4 5 6 7 8 9 10 more
Parking Shown: _____ spaces
Other Requirements: _____

Notified: Owner () Architect () Engineer () Project Manager () of corrections or changes: Y N N/A
Date (_____) Phone (_____) Plans Noted: Y N N/A
Who notified: _____ **Approved By City Planner:** _____

FIRE MARSHAL: (N/A for Single Family & Two Family Dwellings)
Date Received: _____ Date Completed: _____ By: _____
Plans meet fire code as noted on plans: _____
Notified Owner () Architect () Engineer () of corrections or changes Y N N/A
Date (_____) Phone (_____) Plans Noted: Y N N/A
Who Notified: _____ **Approved By:** _____

BUILDING INSPECTION DEPARTMENT:

Date Received: _____ Date Completed: _____ By: _____

Full set of Plans Received: Y N Plans Noted: Y N

Plumber Licensed: Y N Plans Noted: Y N

Mechanical Licensed: Y N Plans Noted: Y N

Electrical Licensed: Y N Plans Noted: Y N

Address of New Bldg.: _____

Comments: _____

Notified: Owner () Architect () Engineer () of corrections or changes Y N N/A

Date: (_____) Phone: (_____) Plans Noted: Y N N/A

Who Notified: _____ **Approved By:** _____

UTILITY DEPARTMENT:

Date Received: _____ Date Completed: _____ By: _____

Sewer Available: Y N N/A Size: _____

Water Available: Y N N/A Size: _____

Water Tap Cost: \$ _____

Sewer Tap Cost: \$ _____

Total: \$ _____

Notified: Owner () Architect () Engineer () of requirements for the installation of utilities. Y N N/A

Date: (_____) Phone: (_____) Noted on Plans: Y N N/A

Who Notified: _____ **Approved By:** _____

ENGINEERING DEPARTMENT:

Date Received: _____ Date Completed: _____ By: _____

DRIVEWAYS, CURB & GUTTER, DRAINAGE:

Driveway Permit Required: (Y) (N) (N/A) City () State ()

Curb & Gutter Required: (Y) (N) (N/A) **Attach requirements.**

Parking Area Paved: (Y) (N) (N/A) Material: Concrete () Asphalt ()

Drainage Requirements: (Y) (N) (N/A) Plans Noted: Y N N/A

Notified: Owner () Architect () Engineer () of corrections or changes Y N N/A

Date: (_____) Phone: (_____) Noted on Plans: Y N N/A

Who Notified: _____ **Approved By:** _____

CODE ENFORCEMENT: (Not applicable to Residential or Non-Food Service).

Date Received: _____ Date Completed: _____ By: _____

Health Permit Required (Yes) (No) (N/A)

Notified: Owner () Architect () Engineer () of corrections or changes Y N N/A

Date: (_____) Phone: (_____) Noted on Plans: Y N N/A

Who Notified: _____ **Approved By:** _____

Dimensions of Bldg. _____

Sq. Ft. Liv. Area _____

Gar., Stor. _____

Porch Area _____

Total Sq. Ft. _____

Type Const. _____

No. Dwelling Units _____

No. of Stories _____

Valuation of Work: \$ _____

Zoning Dist. _____

Bldg. Permit: \$ _____

Plumb. Permit: \$ _____

Elec. Permit: \$ _____

Mech. Permit: \$ _____

Moving Permit: \$ _____

TOTAL \$ _____

Ready for Permit to be Issued:Date: _____

By: _____
Permit Clerk