

Within Floodplain? Yes No

NO. _____
STREET _____

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.				
I. LOCATION OF BUILDING	AT (LOCATION) _____ ZONING DISTRICT _____ (NO.) (STREET) BETWEEN _____ AND _____ (CROSS STREET) (CROSS STREET) SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____			
II. TYPE AND COST OF BUILDING - All applicants complete A - D				
A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only	D. PROPOSED USE - For "Wrecking: most recent use" <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Residential 12 <input type="checkbox"/> One Family 13 <input type="checkbox"/> Two or more family - Enter number of units - -> _____ 14 <input type="checkbox"/> Transient hotel, motel or dormitory - Enter number of units - - -> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ </td> <td style="width: 50%; border: none;"> Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking Garage 22 <input type="checkbox"/> Service station, repair Garage 23 <input type="checkbox"/> Hospital, Institutional 24 <input type="checkbox"/> Office, Bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ </td> </tr> </table>		Residential 12 <input type="checkbox"/> One Family 13 <input type="checkbox"/> Two or more family - Enter number of units - -> _____ 14 <input type="checkbox"/> Transient hotel, motel or dormitory - Enter number of units - - -> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking Garage 22 <input type="checkbox"/> Service station, repair Garage 23 <input type="checkbox"/> Hospital, Institutional 24 <input type="checkbox"/> Office, Bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____
Residential 12 <input type="checkbox"/> One Family 13 <input type="checkbox"/> Two or more family - Enter number of units - -> _____ 14 <input type="checkbox"/> Transient hotel, motel or dormitory - Enter number of units - - -> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking Garage 22 <input type="checkbox"/> Service station, repair Garage 23 <input type="checkbox"/> Hospital, Institutional 24 <input type="checkbox"/> Office, Bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____			
B. OWNERSHIP 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State or local government)	C. COST 10. Cost of improvement..... \$ _____ <i>To be installed but not included in the above cost</i> a. Electrical..... b. Plumbing..... c. Heating, air conditioning..... d. Other (elevator, etc.)..... 11. TOTAL COST OF IMPROVEMENT \$ _____			
III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete E - L; for wrecking, complete only Part J, for all others skip to IV.				
E. PRINCIPAL TYPE OF FRAME 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood Frame 32 <input type="checkbox"/> Structural Steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	J. DIMENSIONS 48. Number of stories..... 49. Total square feet of floor area, all floors, based on exterior dimensions..... 50. Total land area, sq. ft. K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52 Outdoors.....		
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	L. RESIDENTIAL BUILDINGS ONLY 53. NUMBER OF BEDROOMS..... 54. NUMBER OF BATHROOMS FULL..... PARTIAL.....		

IV. IDENTIFICATION - To be completed by all applicants				
	Name	Mailing address - Number, street, city, and State	Zip Code	Tel. no.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.				
Signature of applicant		Address		Application Date

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD - <i>For office use</i>							
Plans Review required	Check	Plan Review Fee	Date Plans Started	By	Date Plan Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS									
Permit or Approval	Check	Date Obtained	Number	by	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VII. VALIDATION		FOR DEPARTMENT USE ONLY
Building Permit number	_____	Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Building Permit Issued	_____	
Building Permit Fee	_____	
Certificate of Occupancy	\$ _____	
Drain Tile	\$ _____	
Plan Review Fee	\$ _____	Approved by: _____ _____ _____
		TITLE

