

DO NOT WRITE IN SHADED AREAS

Building Permit Application

Permit No. (74-80)	Receipt No.	Permit Fee \$	Date Permit Issued	Issued By
City (33-34)	County (35-36)	Zip Code	Day (37-38)	Mo. (39-40)
TAX MAP		SUBDIVISION		
Page	Block	Lot	Name	Section
OWNER		MAILING ADDRESS		
ARCHITECT		ZIP CODE		
GEN.CONTRACTOR		TELEPHONE		
		LICENSE NO.		

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

City (33-34) _____ County (35-36) _____ Zip Code _____

Day (37-38) _____ Mo. (39-40) _____ Year (41-42) _____

School (43) District _____ Fire (45-46) District _____ Census (47-50) Tract _____ Tax District _____

TAX MAP _____ SUBDIVISION _____

Page _____ Block _____ Lot _____ Name _____

Section _____ Block _____ Lot _____

SELECTED CHARACTERISTICS OF WORK

NATURE OF WORK

1. New Building (52) **DIMENSIONS**

2. Addition 1. Number of Floors _____

3. Alteration 2. Total Floor Area of New Construction Based on Exterior Dimensions _____ Sq.Ft.

4. Repair/Replacement 5. Demolition Heated _____ Sq.Ft.

5. Moving/Relocation Basement _____

6. Foundation Only Accessory Structures _____ Sq.Ft.

7. Foundation Only 3. Land Area _____ Sq.Ft.

OWNERSHIP (53)

1. Private (Individual, Corporation, Other)

2. Public (Federal, State, Local Gov'ts., Other)

DESCRIPTION OF WORK:

ESTIMATED DATE OF COMPLETION: _____

PROPOSED USE (IF DEMOLITION INDICATE MOST RECENT USE)

TYPE OF OCCURRENCE (54)

1. Assembly 1. Residential (55) **UNITS (56-58)**

2. Business 2. Mobile Home 1 _____

3. Educational 3. Duplex 2 _____

4. Hazardous 4. Apartment _____

5. Factory - Industrial 5. Condominium _____

6. Institutional 6. Dorm/Rooming House _____

7. Mercantile 7. Other (Specify) _____

8. Residential If Conversion, Explain: _____

9. Storage

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

Building \$ _____

Electrical \$ _____

Plumbing \$ _____

Heating \$ _____

Air Conditioning \$ _____

Other (Excluding Land) \$ _____

TOTAL (64-71) \$ _____

FLOOD PLAN DATA - COMPLETE ONLY IF SITE WITHIN 100 YEAR FLOOD PLAN

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

Zoning Approval _____ Subdivision Approval _____ Storm Drainage Approval _____

AFFIDAVIT OF APPLICANT

- No work will be started before permit card is posted.
- No work is to be continued if permit card is destroyed, lost, or stolen.
- Contractor and subcontractors will secure (if required) a business license before beginning any work.
- This permit is void if job is not started within six (6) months of application date.
- 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.
- 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