

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

COPY OF CONTRACT REQUIRED

AMOUNT _____

IMPORTANT – Applicant to complete all items in sections: I, II, III, IV, and V.

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 Parts A - D

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Fence</p> <p>6 <input type="checkbox"/> Decks</p> <p>7 <input type="checkbox"/> Porch</p>	<p>B. OWNERSHIP</p> <p>8 <input type="checkbox"/> Private (Individual, corporation, non-profit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>C. COST <i>(Omit cents)</i></p> <p>10. Other \$ _____</p> <p>TOTAL COST OF IMPROVEMENT \$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
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D. PROPOSED USE – For "Wrecking" most recent use

<p>Residential</p> <p>12 <input type="checkbox"/> One or two family</p> <p>13 <input type="checkbox"/> Two or more family – Enter number of units _____</p> <p>14 <input type="checkbox"/> Garage</p> <p>15 <input type="checkbox"/> Day Care</p> <p>16 <input type="checkbox"/> Other – Specify _____</p>	<p>Non-residential</p> <p>17 <input type="checkbox"/> Amusement, recreational</p> <p>18 <input type="checkbox"/> Church, other religious</p> <p>19 <input type="checkbox"/> Industrial</p> <p>20 <input type="checkbox"/> Parking garage</p> <p>21 <input type="checkbox"/> Service station, repair garage</p> <p>22 <input type="checkbox"/> Hospital, institutional</p> <p>23 <input type="checkbox"/> Office, bank, professional</p>	<p>24 <input type="checkbox"/> Public utility</p> <p>25 <input type="checkbox"/> School, library, other educational</p> <p>26 <input type="checkbox"/> Stores, mercantile</p> <p>27 <input type="checkbox"/> Tanks, towers</p> <p>28 <input type="checkbox"/> Other – Specify _____</p> <p><input type="checkbox"/> Existing Building</p>
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III. SELECTED CHARACTERISTICS OF BUILDING

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>29 <input type="checkbox"/> Masonry (wall bearing)</p> <p>30 <input type="checkbox"/> Wood frame</p> <p>31 <input type="checkbox"/> Structural steel</p> <p>32 <input type="checkbox"/> Reinforced concrete</p> <p>33 <input type="checkbox"/> Other – Specify _____</p>	<p>F. DIMENSIONS</p> <p>34 Number of stories _____</p> <p>35 Total square feet of floor area, all floors, based on exterior dimensions _____</p> <p>36 Total land area, sq. ft. _____</p>
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FORM 101

G. DESCRIPTION OF WORK -- (All Trades)

Date _____

Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

IV. IDENTIFICATION – To be completed by all applicants

	Name	Mailing address - Number, Street, City, and State	Zip Code	Tel. No.
1. Property Owner or Customer				
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

V. SITE OR PLOT PLAN – For Applicant Use



ZONING PLAN EXAMINERS NOTES

DISTRICT _____

USE _____

FRONT YARD _____

SIDE YARD _____

SIDE YARD _____

REAR YARD _____

NOTES _____

_____**PLAN REVIEW RECORD – For office use**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
STORM WATER		\$					
FIRE PROTECTION		\$					
ACCESSIBILITY		\$					
ENERGY CODE		\$					
OTHER _____		\$					

VALIDATION

Building Permit number _____
 Building Permit issued _____ 20____
 Building Permit Fee \$ _____

Certificate of Occupancy \$ _____

Drain Title \$ _____

Plan Review Fee \$ _____

FOR DEPARTMENT USE ONLY

Use Group _____
 Fire Grading _____
 Live Loading _____
 Occupancy Load _____

Approved by: _____

TITLE _____