



Building Permit Application

BUILDING PERMIT TYPE (CHECK ALL THAT APPLY)

USE: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL (SF/DUPLEX) <input type="checkbox"/> RESIDENTIAL (MULTI-FAMILY) <input type="checkbox"/> OTHER: _____	CLASS: <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> NEW BUILDING CONSTRUCTION <input type="checkbox"/> NEW TENANT FINISH <input type="checkbox"/> SIGN	<input type="checkbox"/> DEMOLITION <input type="checkbox"/> EXCAVATION <input type="checkbox"/> FIREPLACE <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> POOL <input type="checkbox"/> OTHER: _____
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DESCRIPTION OF WORK:	ESTIMATED VALUATION (INCLUDING MATERIALS, LABOR, AND PROFIT):
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CONSTRUCTION LOCATION

CONSTRUCTION PHYSICAL ADDRESS:	LOT:	BLOCK:	SUBDIVISION:
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PROPERTY OWNER

NAME:	PHONE NUMBER:	MAILING ADDRESS:
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CONTRACTOR(S)

GENERAL CONTRACTOR NAME:	PHONE NUMBER:	MAILING ADDRESS:
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EMAIL:	BUSINESS LICENSE#
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SUBCONTRACTOR NAME:	PHONE NUMBER:	MAILING ADDRESS:
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EMAIL:	BUSINESS LICENSE#
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NAME:	PHONE NUMBER:	MAILING ADDRESS:
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CONSTRUCTION INFORMATION

NUMBER OF STORIES:	FINISHED AREA:	UNFINISHED AREA:	TOTAL AREA:
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FIRE SPRINKLERS: <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERINTENDENTS NAME:	PHONE:
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LEGAL DISCLAIMER

IF WORK OR CONSTRUCTION AUTHORIZED BY A PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IS ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED, THE PERMIT SHALL BE NULL AND VOID. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION 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 A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF APPLICANT OR OWNER:	DATE:
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PRINTED NAME:
