



APPLICATION FOR BUILDING PERMIT

APPLICATION NO.: PR: _____ (FOR OFFICE USE ONLY)

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ **UNIT NO.:** _____

CITY/LOCALITY: _____ **CROSS – ST:** _____ **ASSESSOR INFORMATION NO.:** _____ -- -- --

OWNER'S NAME: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) **OWNER/BUILDER: YES** _____ **NO** _____
(IF YES, COMPLETE OWNER/BUILDER DECLARATION)

ADDRESS: _____ **PHONE (____) _____ Ext. _____**

TENANT: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI)

ADDRESS: _____ **PHONE (____) _____ Ext. _____**

APPLICANT: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI)

ADDRESS: _____ **PHONE (____) _____ Ext. _____**

CONTRACTOR: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) **LIC. NO.:** _____ **CLASS:** _____

ADDRESS: _____ **PHONE (____) _____ Ext. _____**

ARCH/ENG: _____ (LAST NAME/BUSINESS NAME) _____ (FIRST) _____ (MI) **LIC. NO.:** _____ **CLASS:** _____

ADDRESS: _____ **PHONE (____) _____ Ext. _____**

WORK DESCRIPTION: _____

VALUATION: \$ _____ **BUILDINGS ON LOT:** _____

PROJECT SIZE: _____ **SQ.FT.** _____ **NO. OF STORIES** _____ **CONSTRUCTION TYPES:** _____ **OCCUPANCY GROUPS:** _____

THIS DOCUMENT IS TWO-SIDED

DOCUMENT CHECKLIST: (Specify number of each submitted)

_____ SET(S) OF PLANS	_____ SET(S) OF STRUCTUAL CALCS
_____ SET(S) OF ENERGY CALCS	_____ SET(S) OF MECHANICAL PLANS
_____ NUMBER OF SOILS REPORTS _____ ON CD	_____ SET(S) OF PLUMBING PLANS
	_____ SET(S) OF ELECTRICAL PLANS

ACKNOWLEDGMENT FORM

AS APPLICANT OF THIS PROJECT, I UNDERSTAND THAT:

1. Required agency approvals, as indicated on the attached Agency Referral Form, will be required before plan can be approved.
2. After the first plan check review, an additional plan check review fee may be incurred if plans are revised due to agency requirements.
3. Plan check review fees will not be refunded once plan check review has commenced or if required agency approvals cannot be obtained.

HOWEVER, I CHOOSE TO SUBMIT THE PLANS FOR BUILDING PLAN CHECK REVIEW BEFORE OBTAINING APPROVALS FROM THE REQUIRED AGENCIES, SUCH AS: DEPARTMENT OF REGIONAL PLANNING, FIRE DEPARTMENT, HEALTH DEPARTMENT, ETC.

APPLICANT/OWNER SIGNATURE: _____ **DATE:** _____