



# BUILDING PERMIT APPLICATION

BUILDING SERVICES



Date: \_\_\_\_\_ Job Site Address: \_\_\_\_\_

Job Description: \_\_\_\_\_

Project Includes:  Electrical  Plumbing  Mechanical Valuation: \$ \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Architect: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Engineer: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor  Owner/Builder

Contractor's Business Name: \_\_\_\_\_ Lic. No: \_\_\_\_\_

License Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Worker's Comp. Exempt?  Yes  No

Worker's Comp Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Type of Construction: \_\_\_\_\_

Occupancy Classification: \_\_\_\_\_ Flood Zone:  Yes  No

Residential  Non-Residential

- New Building  Addition  Misc. Repair  Alteration
- Termite/Decay Repair  Demolish  Tenant Improvement  Fire Repair
- Chimney Repair  Remodel  Other: \_\_\_\_\_

**Description of Building**

- Office/Professional  Single Family  Duplex/Townhouse  Condominium
- Apartment  Restaurant  Historical  Medical  Church
- Retail  Accessory Bldg.  Other: \_\_\_\_\_

**Residential Addition/New Construction:**

- Conditioned Area \_\_\_\_\_ s.f.
- Garage \_\_\_\_\_ s.f.
- Deck/Balcony/Arbor/Covered Porch \_\_\_\_\_ s.f.
- Other New \_\_\_\_\_ s.f.

**Residential Remodel:**

- Other \_\_\_\_\_ s.f.
- Kit/Laundry/Bath Remodel \_\_\_\_\_ s.f.
- Garage Remodel \_\_\_\_\_ s.f.
- Living/Bedroom/Other Remodel \_\_\_\_\_ s.f.
- Deck/Balcony/Covered Porch \_\_\_\_\_ s.f.

**Commercial:**

- New Construction/Addition \_\_\_\_\_ s.f.
- T.I. \_\_\_\_\_ s.f.
- Other \_\_\_\_\_ s.f.