

BUILDING PERMIT APPLICATION

IMPORTANT - Complete ALL items. Mark boxes where applicable.

I. LOCATION OF BUILDING	Number and street	Subdivision	Lot	Block
	N S E W side of _____	N S		

(Other local geographic, political, or legal subdivision identification)

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT	1 <input type="checkbox"/> New building	D. PROPOSED USE - For "Wrecking" most recent use
	2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)	
3 <input type="checkbox"/> Alteration (See 2 above)	Residential	Nonresidential
4 <input type="checkbox"/> Repair, replacement	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational
5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)	13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -	19 <input type="checkbox"/> Church, other religious
6 <input type="checkbox"/> Moving (relocation)	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -	20 <input type="checkbox"/> Industrial
7 <input type="checkbox"/> Foundation only	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage
B. OWNERSHIP	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage
8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)	17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional
9 <input type="checkbox"/> Public (Federal, State, or local government)		24 <input type="checkbox"/> Office, bank, professional
		25 <input type="checkbox"/> Public utility
		26 <input type="checkbox"/> School, library, other educational
		27 <input type="checkbox"/> Stores, mercantile
		28 <input type="checkbox"/> Tanks, towers
		29 <input type="checkbox"/> Other - Specify _____

C. COST	(Omit cents)	Nonresidential - 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.
10. Cost of improvement	\$ _____	
To be installed but not included in the above cost		
a. Electrical	_____	
b. Plumbing	_____	
c. Heating, air conditioning	_____	
d. Other (elevator, etc.)	_____	
11. TOTAL COST OF IMPROVEMENT	\$ _____	

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME	30 <input type="checkbox"/> Masonry (wall bearing)	G. TYPE OF SEWAGE DISPOSAL	40 <input type="checkbox"/> Public or private company	J. DIMENSIONS	48. Number of stories
	31 <input type="checkbox"/> Wood frame		41 <input type="checkbox"/> Individual (septic tank, etc.)		49. Total square feet of floor area, all floors, based on exterior dimensions
32 <input type="checkbox"/> Structural steel	H. TYPE OF WATER SUPPLY	42 <input type="checkbox"/> Public or private company	43 <input type="checkbox"/> Individual (well, cistern)	50. Total land area, sq. ft.	
33 <input type="checkbox"/> Reinforced concrete		44 <input type="checkbox"/> Yes	45 <input type="checkbox"/> No	K. NUMBER OF OFF-STREET PARKING SPACES	
34 <input type="checkbox"/> Other - Specify _____	46 <input type="checkbox"/> Yes	47 <input type="checkbox"/> No	51. Enclosed		
F. PRINCIPAL TYPE OF HEATING FUEL	I. TYPE OF MECHANICAL	L. RESIDENTIAL BUILDINGS ONLY			
35 <input type="checkbox"/> Gas	Will there be central air conditioning?	52. Outdoors			
36 <input type="checkbox"/> Oil	44 <input type="checkbox"/> Yes	53. Number of bedrooms			
37 <input type="checkbox"/> Electricity	45 <input type="checkbox"/> No	54. Number of bathrooms			
38 <input type="checkbox"/> Coal	Will there be an elevator?	Full			
39 <input type="checkbox"/> Other - Specify _____	46 <input type="checkbox"/> Yes	Partial			

IV. IDENTIFICATION - To be completed by all applicants

1. Owner	Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
2. Contractor				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of (name of permit jurisdiction).

Signature of applicant	Address	Application date
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DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by	Permit fee \$ _____	Date permit issued	Permit number
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