

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV

I. LOCATION OF BUILDING	APPLICANT NAME _____	
	PROPERTY OWNER NAME _____	
	AT (LOCATION) _____	ZONING DISTRICT _____
	BETWEEN _____	
	SUBDIVISION _____	LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING

TYPE OF IMPROVEMENT 1. <input type="checkbox"/> New Building 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) 4. <input type="checkbox"/> Repair, replacement 5. <input type="checkbox"/> Wrecking (if multifamily residential enter number of units in building in Part D, 13) 6. <input type="checkbox"/> Moving (relocation) 7. <input type="checkbox"/> Foundation only	Residential 12. <input type="checkbox"/> One Family 13. <input type="checkbox"/> Two or more family - Enter number of units _____ 14. <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ 15. <input type="checkbox"/> Garage 16. <input type="checkbox"/> Carport 17. <input type="checkbox"/> Other - Specify _____	Non Residential 18. <input type="checkbox"/> Amusement, recreational 19. <input type="checkbox"/> Church, other religious 20. <input type="checkbox"/> Industrial 21. <input type="checkbox"/> Parking Garage 22. <input type="checkbox"/> Service Station, repair garage 23. <input type="checkbox"/> Hospital 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 _____
OWNERSHIP 8. <input type="checkbox"/> Private (individual, corporation, non-profit, institution, etc.) 9. <input type="checkbox"/> Public (Federal, State, or local government)		
COST 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 \$ _____	(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. _____ _____ _____

III. SELECTED CHARACTERISTICS OF BUILDING

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

IV. IDENTIFICATION - To be completed by all applicants

	Name	Address	Tel. No
1. Owner or Lessee			
2. Contractor			Builder's HIC 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/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.			
Signature of applicant		Address	Application date

DO NOT WRITE BELOW THIS LINE**V. PLAN REVIEW RECORD - For office use**

Plans Review Required	Check	Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING							
PLUMBING							
MECHANICAL							
ELECTRICAL							
OTHER _____							

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				
OTHER _____					OTHER _____				

VII. VALIDATION

Building Permit Number _____ Building Permit Issued _____ Building Permit Fee _____ Certificate of Occupancy _____ Drain Tile _____ Plan Review Fee _____		FOR DEPARTMENT USE ONLY Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
		Approved by: _____ _____ TITLE