

BUILDING PERMIT APPLICATION

Jurisdiction of _____ **Date:** _____ **Permit No** _____

Applicant to complete numbered spaces only.

JOB ADDRESS

Legal Description: _____ Lot No. _____ Block _____ Tract _____

Owner: _____ Address: _____ Phone: _____

Contractor: _____ Address: _____ Phone: _____

Architect: _____ Address: _____ Phone: _____

Engineer: _____ Address: _____ Phone: _____

Use of Building: _____

Class of Work: _____ New _____ Addition _____ Alteration _____ Repair _____ Move _____ Remove _____
(circle class of work)

Describe Work: _____

Change of Use From: _____

Change of Use To: _____

Valuation of Work \$: _____

Special Conditions: _____

Application Accepted by: _____

Plans Checked by: _____

Approved for Ins. by: _____

Separate permits are required for electrical, plumbing, heating, ventilation or air conditioning. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. 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 regulation construction or the performance of construction.

Signature of Contractor _____ **Contractor #** _____

Date _____

Signature of Owner _____ **(If Owner is Builder)** _____

Date _____

Special Approvals _____ Required _____ Received _____ Not Required _____

ZONING _____
HEALTH DEPT. _____
FIRE DEPT. _____
SOIL REPORT _____
OTHER (SPECIFY) _____

WHEN PROPERLY VALIDATED (IN THIS SPACE), THIS YOUR PERMIT.

PLAN CHECK VALIDATION _____ CK MO CASH
PERMIT VALIDATION _____ CK MO CASH
(circle one)

INSPECTOR: _____
DATE: _____

Type of Construction: _____
Occupancy Group: _____
Division: _____
Size of Bldg (Total Sq.Ft) _____
No. of Stories: _____ Max Occ. Load: _____
Use Zone: _____
Fire Sprinklers Required: _____ (Circle One) YES NO

Permit Fee \$ _____
State Surcharge Fee \$ _____
Plan Review Fee: _____
TOTAL \$ _____