

APPLICATION FOR BUILDING PERMIT NO. _____

BUILD ___ ADDITION ___ REMODEL ___ REPAIR ___ POOL ___ SIGN ___

Location of Building _____ Zone _____

Name of Subdivision _____ Unit _____ Lot No. _____

TYPE OF STRUCTURE

OCCUPANCY

___ Residential ___ Industrial ___ Educational ___ Professional ___ Towers
___ Duplex ___ Townhouse ___ Warehouse ___ Recreational ___ Hospital
___ Apartment ___ High Hazard ___ Assembly ___ Shed-Storage ___ Porch
___ Garage ___ Pool ___ Public Utility ___ Sign ___ Retail Other ___

Parking (off street) _____
No. of Units _____
Rooms _____
No. Baths _____
No. Bedrooms _____
Stories _____

Estimated Costs by Owner/Contractor:

Proposed Improvements: \$ _____
Land Cost: \$ _____
TOTAL COSTS: \$ _____

Census Code: _____ Site: _____

All fees must be paid
before permit can be
issued.

CERTIFICATE OF OCCUPANCY

A certificate of occupancy
issued by this office is
required prior to the
occupancy of this building

Sq. Ft. Content _____

FEE: _____

LOT SIZE (sq. ft.) _____ (acres) _____

STRUCTURE (length) _____ (width) _____

FLOOD PLAIN (Yes) _____ (No) _____ MIN. ELEVATION _____ PANEL NO. _____

NOTICE:

THE OWNER AND CONTRACTOR UNDERSTAND AND AGREE THAT THE PERMIT ISSUED UPON THIS APPLICATION SHALL BE SUBJECT TO ANY OR ALL BUILDING AND ZONING REGULATIONS GOVERNING OR RELATING TO THE SUBJECT MATTER AND THAT THE VIOLATION OF ANY SUCH REGULATION BY THEM OR THEIR AGENTS SHALL RENDER THE PERMIT NULL AND VOID AND SUBJECT THEM TO THE PENALTY PRESCRIBED FOR SUCH VIOLATION. THE OWNER, LESSEE, AND CONTRACTOR AGREE TO RELIEVE THE CITY AND COUNTY FROM ALL RESPONSIBILITY FOR DAMAGE OR ACCIDENTS CAUSED BY THEIR NEGLIGENCE.

By affixing your signature to this application you are granting the Building Official the authority to enter areas covered by the permit in order to enforce code provisions related to it.

I affirm that the statements made in the foregoing "Application for Building Permit" are true and correct.

(Usual Signature of Owner or Agent)

Application approved and Permit Card No. _____

Issued this _____ day of _____, 20____

(Planning Director)

PLAN REVIEW INFORMATION
Building Plans To Be Submitted With This Application

Owner _____ email _____
Address _____ Phone _____
City _____ State _____ Zip _____
Contractor _____ email _____
Address _____ Phone _____
City _____ State _____ Zip _____

PLEASE FILL IN BLANKS OR CIRCLE APPROPRIATE ANSWERS

1. Footer Size _____ Footer Depth Below Grade _____
2. FND Type: Slab _____ Crawl _____ Unfin. Basement _____ Fin. Basement _____
3. FOUNDATION: Block _____ Poured Concrete _____ THICKNESS _____
4. Girder Size _____ Girder Pier Spacing _____ O.C.
5. Sill Plate Fastener Type: Bolt _____ Straps _____ O.C.
6. FLOOR JOISTS 1st Floor _____ Type of Lumber _____ Spacing _____ O.C.
2nd Floor _____ Type of Lumber _____ Spacing _____ O.C.
3rd Floor _____ Type of Lumber _____ Spacing _____ O.C.
7. Floor Sheathing Type & Thickness _____
8. Stud Size _____ Type of Lumber _____ Spacing _____ O.C.
9. CEILING JOIST Size _____ Type of Lumber _____ Spacing _____ O.C.
10. Will There Be Attic Storage? Yes _____ No _____
11. RAFTERS Size _____ Type of Lumber _____ Spacing _____ O.C.
Other () _____ Type of Lumber _____ Spacing _____ O.C.
12. Roof Trusses? Yes _____ No _____ Spacing _____ O.C.
(Note: Trusses must be Pre-engineered.)
13. Roof Sheathing Type & Thickness _____
14. Size of Standard Door and Window Headers _____
15. Size of Special Headers () _____
Other () _____
16. ATTACHED GARAGE: Drywall Type _____ Door Type _____ Door Headers _____
17. Do Bedroom Windows Meet Egress Requirements Yes _____ Don't Know _____
18. A/C Smoke. & CO Det. Locations _____
19. BATHROOMS: Mechanical Vents _____ Windows _____
20. Type of Sewage Disposal: Public or Private Co. _____ Private (Septic) _____
21. Type of Water Supply: Public or Private Co. _____ Private (well, cistern) _____
22. FIREPLACE: Yes _____ No _____ Masonry _____ Factory-Built _____
(Factory-Built Must Be Installed As Per Their Listings)
23. Brick Veneer Over Roof? Yes _____ No _____
24. INSULATION: Walls _____ (Minimum R-13)
Floors _____ (Minimum R-19)
Ceilings _____ (Minimum R-38)
DBL Glazing or Storms _____ (One Required)
25. Attic Vent Types and Locations _____
26. Are Crawl Vent Locations Noted On Plans? Yes _____ No _____
27. Heating System Type and Location _____
28. Current Occupational License YES _____ NO _____ (provide a copy)

NOTE: SOME TYPES OF CONSTRUCTION MAY REQUIRE FIRE-RESISTIVE WALL SYSTEMS.
PLEASE CHECK WITH PLAN REVIEWER FOR REQUIREMENTS.

REVIEW NOTES: _____

APPROVED BY : _____
Code Enforcement Officer

DATE _____