

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: \$ _____

Census Code: _____ Site: _____

Land Cost: \$ _____

**All fees must be paid
before permit can be
issued.**

TOTAL COSTS: \$ _____

**CERTIFICATE OF
OCCUPANCY:**

Sq. Ft. Content _____
(total includes porches, decks, etc)

A certificate of occupancy issued by this office is required prior to the occupancy of this building; and personal items stored before C.O. is at owners risk

FEE: _____

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

STRUCTURE (length) _____ (width) _____

STRUCTURE (height overall) _____ (height to ridge) _____ (height of existing structures on same lot) _____

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

(FFE or FPE verification required at slab inspection)

STRUCTURE setback from property lines: Front _____ Rear _____ Left Side _____ Right Side _____

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.

Failure of this office to note all violations or deficiencies during the review of plans and specifications **does not** relieve the builder and/or installation contractor of the responsibility for complying with all applicable codes and regulations.

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 _____

***REQUIRED**

PLEASE FILL IN BLANKS OR CIRCLE APPROPRIATE ANSWERS

1. Footer Size _____ Footer Depth Below Grade (24" min) _____
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.
Band Board bolt through brick: YES _____ NO _____ Bolt size/type/spacing _____ O.C.
6. FLOOR JOISTS 1st Floor _____ Type of Lumber _____ Spacing _____ O.C. Span _____
2nd Floor _____ Type of Lumber _____ Spacing _____ O.C. Span _____
3rd Floor _____ Type of Lumber _____ Spacing _____ O.C. Span _____
7. Floor Sheathing Type & Thickness _____
8. Stud Size _____ Type of Lumber _____ Spacing _____ O.C.
1st Floor _____ Type of Lumber _____ Spacing _____
2nd Floor _____ Type of Lumber _____ Spacing _____
3rd Floor _____ Type of Lumber _____ Spacing _____
9. CEILING JOIST Size _____ Type of Lumber _____ Spacing _____ O.C.
1st Floor _____ Type of Lumber _____ Spacing _____ O.C. Span _____
2nd Floor _____ Type of Lumber _____ Spacing _____ O.C. Span _____
3rd Floor _____ Type of Lumber _____ Spacing _____ O.C. Span _____
10. Will There Be Attic Storage? Yes _____ No _____ (attic spaces over 42" sized at 20 psf live)
11. RAFTERS Size _____ Type of Lumber _____ Spacing _____ O.C.
Other () _____ Type of Lumber _____ Spacing _____ O.C.
1st Floor _____ Type of Lumber _____ Spacing _____ O.C. Span _____
2nd Floor _____ Type of Lumber _____ Spacing _____ O.C. Span _____
3rd Floor _____ Type of Lumber _____ Spacing _____ O.C. Span _____
12. Roof Trusses? Yes _____ No _____ Spacing _____ O.C.
(Note: Trusses must be Pre-engineered. Sealed drawings to be provided at framing inspection)
13. Roof Sheathing Type & Thickness _____

14. Size of Standard Door and Window Headers _____ Safety glazing required _____
15. Size of Special Headers (_____) _____
 Other (_____) _____
16. DECK: Yes _____ No _____ COVERED: Yes _____ No _____ (Plans required and separate inspections)
17. ATTACHED GARAGE: Drywall Type _____ Door Type _____ Door Headers _____
18. Do Bedroom Windows Meet Egress Requirements Yes _____ Don't Know _____
19. A/C Smoke. & CO Det. Locations _____
20. BATHROOMS: Mechanical Vents _____ Windows _____
21. Type of Sewage Disposal: Public or Private Co. _____ Private (Septic) _____
22. Type of Water Supply: Public or Private Co. _____ Private (well, cistern) _____
23. FIREPLACE: Yes _____ No _____ Masonry _____ Factory-Built _____
 (Per manufacturer's instructions) (Factory-Built Must Be Installed As Per Their Listings)
24. Brick Veneer Over Roof? Yes _____ No _____
25. INSULATION: ES report for Spray Foam required at Final and/or Spec Sheets for blow in required at Final
 Walls _____ (Minimum R-13)
 Floors _____ (Minimum R-19)
 Ceilings _____ (Minimum R-38)
 DBL Glazing or Storms _____ (One Required)
26. Attic Vent Types and Locations _____
27. Are Crawl Vent Locations Noted On Plans? Yes _____ No _____
28. Heating System Type and Location _____
29. 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 _____