



# APPLICATION FOR BUILDING PERMIT

APPLICATION NO.: PR: \_\_\_\_\_ (FOR OFFICE USE ONLY)

## PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: \_\_\_\_\_ UNIT NO.: \_\_\_\_\_

CITY/LOCALITY: \_\_\_\_\_ CROSS - ST: \_\_\_\_\_ ASSESSOR INFORMATION NO.: \_\_\_\_\_ -- -- --

OWNER'S NAME: \_\_\_\_\_ (LAST NAME/BUSINESS NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) OWNER/BUILDER: YES \_\_\_\_\_ NO \_\_\_\_\_  
(IF YES, COMPLETE OWNER/BUILDER DECLARATION)

ADDRESS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

TENANT: \_\_\_\_\_ (LAST NAME/BUSINESS NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI)

ADDRESS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

APPLICANT: \_\_\_\_\_ (LAST NAME/BUSINESS NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI)

ADDRESS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ (LAST NAME/BUSINESS NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) LIC. NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

ARCH/ENG: \_\_\_\_\_ (LAST NAME/BUSINESS NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) LIC. NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

WORK DESCRIPTION: \_\_\_\_\_

VALUATION: \$ \_\_\_\_\_ BUILDINGS ON LOT: \_\_\_\_\_

PROJECT SIZE: \_\_\_\_\_ SQ.FT. NO. OF STORIES \_\_\_\_\_ CONSTRUCTION TYPES: \_\_\_\_\_ OCCUPANCY GROUPS: \_\_\_\_\_

**THIS DOCUMENT IS TWO-SIDED**

**DOCUMENT CHECKLIST:** (Specify number of each submitted)

\_\_\_\_\_ SET(S) OF PLANS

\_\_\_\_\_ SET(S) OF STRUCTUAL CALCS

\_\_\_\_\_ SET(S) OF ENERGY CALCS

\_\_\_\_\_ SET(S) OF MECHANICAL PLANS

\_\_\_\_\_ NUMBER OF SOILS REPORTS  
\_\_\_\_\_ ON CD

\_\_\_\_\_ SET(S) OF PLUMBING PLANS

\_\_\_\_\_ SET(S) OF ELECTRICAL PLANS

**ACKNOWLEDGMENT FORM**

**AS APPLICANT OF THIS PROJECT, I UNDERSTAND THAT:**

1. Required agency approvals, as indicated on the attached Agency Referral Form, will be required before plan can be approved.
2. After the first plan check review, an additional plan check review fee may be incurred if plans are revised due to agency requirements.
3. Plan check review fees will not be refunded once plan check review has commenced or if required agency approvals cannot be obtained.

HOWEVER, I CHOOSE TO SUBMIT THE PLANS FOR BUILDING PLAN CHECK REVIEW BEFORE OBTAINING APPROVALS FROM THE REQUIRED AGENCIES, SUCH AS: DEPARTMENT OF REGIONAL PLANNING, FIRE DEPARTMENT, HEALTH DEPARTMENT, ETC.

**APPLICANT/OWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_