



BUILDING PERMIT APPLICATION

Job Site Address: _____

Property Owner's Name: _____ **Email:** _____

Address _____

Phone: _____ **Fax:** _____

Job Description: _____ **Valuation:** _____

Project Includes Electrical Plumbing Mechanical Demolition

Applicant's Name: _____ **Email:** _____

Address: _____

Phone: _____ **Fax:** _____

Architect: _____ **Email:** _____

Phone: _____ **Fax:** _____

Engineer: _____ **Email:** _____

Phone: _____ **Fax:** _____

Contractor **Owner/Builder** **TBD**

Contractor's Business Name: _____ **Lic. No:** _____

License Class: _____ **Expiration Date:** _____

Address: _____ **City, State, Zip:** _____

Phone: _____ **Fax:** _____ **Worker's Comp. Exempt?** Yes No

Worker's Comp Carrier: _____ **Policy No:** _____ **Exp. Date:** _____

Signature: _____ **Printed Name:** _____

Type of Construction: _____ **Occupancy Classification:** _____

EXISTING FIRE SPRINKLERS: Yes No

Residential **Non-Residential**

- | | | | |
|---|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Misc. Repair | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> Termite/Decay Repair | <input type="checkbox"/> Demolish | <input type="checkbox"/> Tenant Improvement | <input type="checkbox"/> Fire Repair |
| <input type="checkbox"/> Chimney Repair | <input type="checkbox"/> Remodel | <input type="checkbox"/> Other: _____ | |

Description of Building

- | | | | | |
|--|--|---|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Office/Professional | <input type="checkbox"/> Single Family | <input type="checkbox"/> Duplex/Townhouse | <input type="checkbox"/> Condominium | |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Historical | <input type="checkbox"/> Medical | <input type="checkbox"/> Church |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Accessory Bldg. | <input type="checkbox"/> Other: _____ | | |

Residential Addition/New Construction:

- | | |
|---|------------|
| <input type="checkbox"/> Conditioned Area | _____ s.f. |
| <input type="checkbox"/> Garage | _____ s.f. |
| <input type="checkbox"/> Deck/Balcony/Arbor/Covered Porch | _____ s.f. |
| <input type="checkbox"/> Other New | _____ s.f. |

Residential Remodel:

- | | |
|---|---------------------------|
| <input type="checkbox"/> Other | _____ s.f. |
| <input type="checkbox"/> Kit/Laundry/Bath | |
| | w/ Structural _____ s.f. |
| | w/o Structural _____ s.f. |
| <input type="checkbox"/> Garage Remodel | _____ s.f. |
| <input type="checkbox"/> Living/Bedroom/Other | _____ s.f. |
| <input type="checkbox"/> Deck/Balcony/Covered Porch | _____ s.f. |

Commercial:

- | | |
|--|------------|
| <input type="checkbox"/> New Construction/Addition | _____ s.f. |
| <input type="checkbox"/> T.I. | _____ s.f. |
| <input type="checkbox"/> Other | _____ s.f. |