



Permit#: \_\_\_\_\_

Date: \_\_\_\_\_

# BUILDING PERMIT APPLICATION

**BUILDING PROGRAM**



**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:** \_\_\_\_\_ **Worker's Comp. Exempt?**  Yes  No

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

REV 05.22.18

Type of Construction: \_\_\_\_\_ Occupancy Classification: \_\_\_\_\_

EXISTING FIRE SPRINKLERS:  Yes  No

Residential  Non-Residential

- New Building  Addition  Misc. Repair  Alteration
- Termite/Decay Repair  Demolish  Tenant Improvement  Fire Repair
- Chimney Repair  Remodel  Other: \_\_\_\_\_

**Description of Building**

- Office/Professional  Single Family  Duplex/Townhouse  Condominium
- Apartment  Restaurant  Historical  Medical  Church
- Retail  Accessory Bldg.  Other: \_\_\_\_\_

**Residential Addition/New Construction:**

- Conditioned Area \_\_\_\_\_ s.f.
- Garage \_\_\_\_\_ s.f.
- Deck/Balcony/Arbor/Covered Porch \_\_\_\_\_ s.f.
- Other New \_\_\_\_\_ s.f.

**Residential Remodel:**

- Other \_\_\_\_\_ s.f.
- Kit/Laundry/Bath \_\_\_\_\_ s.f.
- w/ Structural \_\_\_\_\_ s.f.
- w/o Structural \_\_\_\_\_ s.f.
- Garage Remodel \_\_\_\_\_ s.f.
- Living/Bedroom/Other \_\_\_\_\_ s.f.
- Deck/Balcony/Covered Porch \_\_\_\_\_ s.f.

**Commercial:**

- New Construction/Addition \_\_\_\_\_ s.f.
- T.I. \_\_\_\_\_ s.f.
- Other \_\_\_\_\_ s.f.

<b>FOR OFFICE USE ONLY</b>	
CCSD	<input type="checkbox"/>
# of Plan Pages	_____
Payment:	Check # _____
	Credit <input type="checkbox"/>