

Building Permit Application						
Permit No.	Receipt #	Permit Fee	Date Permit Issued			Issued By
(73-80)		\$	Day(37-38)	MO (39-40)	Year (41-42)	
LOCATION OF IMPROVEMENT						
Address: Street No. Street Name Street Type						
City:		County	Zip	School District(44)	Fire District(45-46)	Census Tract(47-51) Tax District
Tax Map			Subdivision			
Page	Block	Lot	Name	Section	Block	Lot
Name	Mailing Address	Zip Code	Telephone	License #		
Owner						
Architect						
Gen. Contractor						
Selected Characteristics of Work						
Nature of Work		Dimensions		Description of work:		
Number of Floors _____		1. New Building (32) 1.				
2. Total floor area of new construction based on exterior dimensions _____ Sq. Ft.		2. Addition		Estimated Date of Completion		
Heated _____		3. Alteration				
Basement _____		4. Repair/Replacement		Ownership(53)		
1 _____		5. Demolition				
1 _____		6. Moving/Relocation		1. Private (Individual corporation, other)		
1 _____		7. Foundation only				
1 _____		3. Land Area _____ Sq.Ft.		2. Public(Federal, State, Local Gov'ts, other)		
1 _____		Accessory				
Proposed Use (if demolition indicate most recent use)						
Type of Occurance(54)	If Residential (55)	Units(56-58)	Off Street Parking			
1. Assembly	1 1. One Family _____	1	1 1. Indoor Number _____			
2. Business	1 2. Mobile Home _____	1	1 2. Outdoor Number _____			
3. Educational	1 3. Duplex _____	1	3. Total			
4. Hazardous	1 4. Apartment _____	1	Single Family Only			
5. Factory-Industrial	1 5. Condominium _____	1	Rooms Number			
6. Institutional	1 6. Dorm/Rooming house _____	1	Bedrooms(59) _____			
7. Mercantile	1 7. Other(specify) _____	1	Bathrooms-Full (60) _____			
8. Residential	if conversion, Explain _____	1	Bathrooms-Partial(61) _____			
9. Storage			Total Rooms(62) _____			
Principal Heating Fuel (63)			Type of Work Value Contractor			
1. Gas _____			Building \$			
2. Oil _____			Electrical \$			
3. Electricity _____			Plumbing \$			
4. Coal _____			Heating \$			
5. Wood _____			Air Conditioning \$			
6. Other _____			Other			
Source of Water Supply _____			(Excluding Land) \$			
Source of Sewage Disposal (permit no.) _____			Total (64-71) \$			

Flood Plain Data - Complete Only If Site Within 100 Year Flood Plain

Elevation of 100 Year Flood _____	First Floor Elevation Above Mean Sea Level _____ Feet
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Zoning Approval	Subdivision Approval	Storm Drainage Approval
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AFFIDAVIT OF APPLICANT

1. No work will be started before permit card is posted.
 2. No work is to be continued if permit card is destroyed, lost or stolen.
 3. Contractor and subcontractors will secure (if required) a business license before beginning any work.
 4. This permit is void if job is not started within six (6) months of application date.
 5. I will be responsible and will pay for the business license of any contractor or subcontractor doing work on this project if found without a license.
 6. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate any applicable governmental ordinances, codes, or laws and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration or change from this application without approval of the Building Official, shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. This permit does not authorize any encroachment upon public property.

Signature of Applicant _____

Address _____

Date _____