================Applicant Complete Information Below==================

Project Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

General Contractor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #:\_\_\_\_\_\_\_\_\_Ph#:\_\_\_\_\_\_\_\_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph#: \_\_\_\_\_\_\_\_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License#:\_\_\_\_\_\_\_\_\_\_Ph#: \_\_\_\_\_\_\_\_\_\_\_

Proposed Use [Check one]: Dwelling \_\_\_ Private Garage \_\_\_ Deck \_\_\_ Addition \_\_\_

Finish Basement \_\_\_ 3 Season Porch \_\_\_ Business/Commercial \_\_\_

Fireplace, Reroof, Siding, Furnace, Water Heater – Please use Flat Fee Building Permit

Description of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use & Occupancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Construction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lot Size/Dimensions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This permit becomes null & void if work or construction authorized is not commenced within 180 days, or if construction work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read & examined this application and know the same to be true & correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

(REFUND POLICY: Upon request of cancellation of building permit, refunds will be based on expenses for office time, inspections, and zoning fees that were completed prior to the cancellation notice.)

Name: [please print]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ph#:\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building Faces:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (St. - Ave.)

======== **CITY USE ONLY** === (Do not write below this line!) ============

Planning: Zoning District: \_\_\_\_\_\_\_\_\_\_\_\_Minimum Setbacks Required: Front \_\_\_\_\_

Side \_\_\_\_ Rear \_\_\_\_\_ Road Right of Way \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject to the following conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Permit Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Building Permit:\_\_\_\_\_\_\_\_\_\_\_ Plan Review: \_\_\_\_\_\_\_\_\_\_ State Surcharge: \_\_\_\_\_\_\_\_\_\_

Plumbing Permit: \_\_\_\_\_\_\_\_\_\_ Plan Review: \_\_\_\_\_\_\_\_\_\_ State Surcharge: \_\_\_\_\_\_\_\_\_\_

Mechanical Permit: \_\_\_\_\_\_\_\_\_ Plan Review: \_\_\_\_\_\_\_\_\_\_ State Surcharge: \_\_\_\_\_\_\_\_\_\_

Sewer Hook Up: \_\_\_\_\_\_\_\_\_\_\_ Water Hook Up: \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub Totals: $\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Due**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_ Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_