



BUILDING PERMIT APPLICATION

Permit No. _____

TAX KEY# _____

ISSUING MUNICIPALITY
 TOWN VILLAGE CITY
 COUNTY
PROJECT LOCATION
(Building Address)

Of _____

PROJECT DESCRIPTION
 COMMERCIAL ONE & TWO FAMILY

Subdivision Name _____

Lot No. _____

Block No. _____

Lot Area _____

Sq. Ft.

Owner's Name _____

Mailing Address _____

Telephone - Including Area Code
(Home) _____

General Contractor (Lic. Number) _____

Telephone - Including Area Code _____

Carpenter (Lic. Number) _____

Mailing Address _____

Phone _____

Plumber (Lic. Number) _____

Mailing Address _____

Phone _____

Electrician (Lic. Number) _____

Mailing Address _____

Phone _____

Heating (Lic. Number) _____

Mailing Address _____

Phone _____

BUILDING or REMODELING: PERMIT(S) INCLUDE

 Construction Electrical Plumbing HVAC Erosion Zoning

Types of Rooms:

 SITE DEVELOPMENT DRIVEWAYSIGN Wall Illuminated Ground Non-Illuminated

Width..... Length..... Area..... Ht. Above Ground..... Lot Frontage.....

 FENCE Length..... Height..... TYPE..... OTHER (Specify) _____**1a. PROJECT**
 New Addition Raze
 Alteration Repair Move
 Other _____
3. TYPE
 Single Family
 Two Family
 Other _____
6. ELECTRICAL
 Entrance Panel _____
 Size: _____ amp
 Service:
 Underground
 Overhead
9. HVAC EQUIPMENT
 Forced Air Furnace
 Radiant Baseboard or Panel
 Heat Pump
 Boiler
 Central Air Conditioning
 Other _____
12. ENERGY SOURCE

Fuel	Space Htg.	Water Htg.
Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____

1b. GARAGE
 Attached Detached
4. CONSTRUCTION TYPE
 Site Constructed
 Manufactured
7. FOUNDATION
 Concrete
 Masonry
 Treated Wood
 Other _____
10. PLUMBING
 Sewer
 Municipal
 Septic
 Permit No. _____
13. NUMBER OF BEDROOMS

2. AREA
 Basement _____ Sq. Ft.
 1st Floor _____ Sq. Ft.
 2nd Floor _____ Sq. Ft.
 Other _____ Sq. Ft.
 Total _____
5. STORIES
 1-Story
 2-Story
 Other _____
8. USE
 Seasonal
 Permanent
 Other _____
11. WATER
 Municipal Utility
 Private On-Site Well
14. NUMBER OF BATHS

15. ESTIMATED COST

\$ _____

No error or omission in either the plans or application, whether said plans or application has been approved by the building inspector or not shall permit or relieve the applicant from constructing the work in any other manner than that provided for the ordinances of this municipality relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT _____ **DATE** _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. **Maintain Proper Setbacks & Code Requirements**

FEES		PERMIT EXPIRATION	PERMIT ISSUED BY MUNICIPAL AGENT:
Plan Review Fee _____	Sub Total _____	Permit expires one year from date issued unless otherwise noted below.	Name: _____ Date: _____
Inspection Fee _____	Admin. Fee _____		
Electric Fee _____	Bond _____		
Plumbing Fee _____	Total _____		
HVAC Fee _____			
Other _____			