Building Permit Application

Permit #_____

Application Received: _____

u	Date:Applicant Name:				
Applicant & Property Information	Email:Contact #				
	Project Address:	Zone:			
	Total Square Feet:	Height:Length:	Width:	Project valuation:	
Contractor Information	Plumbing :				
	Electrical :				
	Mechanical :		- CI	TY OF	
Responsible Parties	Project Manager:Address:				
	Email:Phone #:				
	General Contractor:Address:				
	Email:		Phone #:		
Type of Structure	Residential		Commercia	al	
	Single Residence	Remodel	🗌 Retail	Office	
	☐ Multi-Family	Garage/Carport	U Warehouse	School	
	Accessory Building	Other	Apartments	Other	
Project Information	Scope of Project		Scope of work	Scope of work details:	
	New Construction	Foundation			
	Addition	Demolition* asbestos survey?			
	Remodel	Other	_		
	Additions, New C	onstruction, and Remodels			
Applicant Signature Date					
NOTICE: Permit expires if the work authorized has not begun within 180 days from the date of the permit or if the work is suspended or					
abandoned for a period of 180 days. After 180 days a new permit must be obtained. The fee shall be one-half the amount of a new permit fee. PERMITS ARE VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE					
Revised March 2024 *OFFICE USE ONLY* Permit Fee \$					
				Permit Fee \$	
APPROVED DATE: 20 REJECTED: DATE: 20 .					
REASON REJECTED:					