



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____
 2. Name of Owner in Fee: _____ e-mail _____
 Tel. (_____) _____
 Address _____ street _____ municipality _____ zip code _____
 3. Ownership in Fee: Public _____ Private _____ Tel. (_____) _____ e-mail _____
 4. Principal Contractor: _____ Address _____ Tel. (_____) _____ e-mail _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (_____) _____
 5. Architect or Engineer _____ Contact _____ e-mail _____
 Address _____ Tel. (_____) _____ FAX: (_____) _____
 6. Responsible Person in Charge once Work has Begun _____
 Tel. (_____) _____ FAX: (_____) _____

IIa. PROPOSED WORK

Minor Work New Building Addition Demolition
 Repair Alteration Renovation Reconstruction
 Asbestos Abat. -Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

IIb. SUBCODES

(Check all that apply)

<input type="checkbox"/> Building	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Approval	Rejection	Re-viewer
<input type="checkbox"/> Electrical									
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
TOTAL COST									

III. PLAN REVIEW (optional)

DO YOU WANT:
 Partial Releases
 Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
 2. High Pressure Boilers
 3. Pressure Vessels
 4. Refrigeration Systems
 5. Cross-Connections/Backflow Preventers
 6. Hazardous Uses/Places of Assembly
 7. Sprinklers/Standpipes
 8. Smoke Control Systems in Open Wells
 9. Underground Storage Tanks
 10. Swimming Pools, Spas and Hot Tubs
 11. LP Gas Tanks
 12. Fire Alarm

V. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
2. Electrical	\$ _____		
3. Plumbing	\$ _____		
4. Fire Protection	\$ _____		
5. Elevator Devices	\$ _____		
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	\$ _____		
12. Other	\$ _____		
13. TOTAL	\$ _____		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.
 2. Height of Structure _____ ft.
 3. Area - Largest Floor _____ sq. ft.
 4. New Building Area _____ sq. ft.
 5. Volume of New Structure _____ cu. ft.
 6. Max. Live Load _____
 7. Max. Occupancy Load _____
 8. If Industrialized Building: State Approved _____ HUD _____ sq. ft.
 9. Total Land Area Disturbed _____ sq. ft.
 10. Flood Hazard Zone _____ ft.
 11. Base Flood Elevation _____ ft.
 12. Wetlands yes _____ no _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
 1. State Specific Use: _____
 2. Use Group, Proposed: _____
 3. Change in Use Group, Indicate Present: _____
 4. No. of dwelling units: Total Units Income-restricted
 Gained, Sale _____
 Lost, Rental _____
 Lost, Sale _____
 Lost, Rental _____
 B. NON-RESIDENTIAL (primary use)
 1. State Specific Use: _____
 2. Use Group, Proposed: _____
 3. Change in Use Group, Indicate Present: _____
 C. MIXED USE - list secondary use(s): _____
 D. Construct. Classification: Present _____ Proposed _____