



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 _____

Address _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____ Tel. (_____) _____

4. Principal Contractor: _____ e-mail _____

Address _____

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 _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun _____

Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)

1. Building	\$	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 _____ sq. 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 _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

(office use only)

III. PLAN REVIEW (optional)

DO YOU WANT:

- 1. Partial Releases
- 2. Prototype Processing

IIIa. PROPOSED WORK

(Check all that apply)

- Minor Work
- Repair
- Asbestos Abat. -Subch. 8
- Building
- Electrical
- Plumbing
- Fire Protection
- Elevator

IIIb. SUBCODES

(Check all that apply)

- Demolition
- Reconstruction
- Annual Permit

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

- 1. Elevators/Escalators/Lifts/
- 2. Dumbwaiters/Moving Walks
- 3. High Pressure Boilers
- 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

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

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 _____

TOTAL COST