

**APPLICATION FOR
PLAN EXAMINATION AND
BUILDING PERMIT**

NO. _____ **STREET** _____

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING	AT (LOCATION) _____ (NO.) _____ (STREET) _____	ZONING DISTRICT _____
	BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____	LOT SIZE _____
	SUBDIVISION _____ LOT _____ BLOCK _____	

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Residential</td> <td style="width: 50%;">Nonresidential</td> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -></td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -></td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other - Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table>	Residential	Nonresidential	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more family - Enter number of units - - - - ->	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - ->	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional		24 <input type="checkbox"/> Office, bank, professional		25 <input type="checkbox"/> Public utility		26 <input type="checkbox"/> School, library, other educational		27 <input type="checkbox"/> Stores, mercantile		28 <input type="checkbox"/> Tanks, towers		29 <input type="checkbox"/> Other - Specify _____
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B. OWNERSHIP

8 Private (individual, corporation, nonprofit institution, etc.)

9 Public (Federal, State, or local government)

C. COST

10. Cost of improvement..... \$ _____

To be installed but not included in the above cost

a. Electrical..... \$ _____

b. Plumbing..... \$ _____

c. Heating, air conditioning..... \$ _____

d. Other (elevator, etc.)..... \$ _____

11. TOTAL COST OF IMPROVEMENT \$ _____

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p> <p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories.....</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions.....</p> <p>50. Total land area, sq. ft.....</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed.....</p> <p>52. Outdoors.....</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms.....</p> <p>54. Number of bathrooms.....</p> <p style="text-align: center;">Full..... } Partial..... }</p>	

(Omit cents)

Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

IV. IDENTIFICATION -- To be completed by all applicants

Name	Mailing address -- Number, street, city, and State		ZIP code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant _____ Address _____ Application date _____

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD -- For office use

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VII. VALIDATION

Building Permit number _____ Building Permit issued _____ Building Permit Fee \$ _____	Approved by: _____ _____ _____ _____
Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____	_____ _____ _____ _____

FOR DEPARTMENT USE ONLY

Use Group _____

Fire Grading _____

Live Loading _____

Occupancy Load _____

TITLE _____

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

IX. SITE OR PLOT PLAN - For Applicant Use

