



*Date of Application* \_\_\_\_\_

**Application Number**  
 (for tracking purposes)

## Application for Building Permit

**PERMIT REQUESTED:** (Choose One)

- Building
- Chimney
- Demolition
- Fence
- Roofing
- Siding
- Sign
- Swimming Pool
- Foundation Only

**WORK CLASS:** (Choose those that apply)

- Abandonment
- Addition
- Alteration
- Change of Use
- Conversion
- Demolition
- Disconnection
- Install
- New
- Relocation
- Remodel
- Removal
- Repair
- Service Change
- Temporary Service
- Tenant Fit-out
- Tenant Improvement

**ADDRESS (where work is being done):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Map/Block/Lot:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Contractor's Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Type of License: \_\_\_\_\_  
 License #: \_\_\_\_\_  
 Certificate of Insurance ?  Yes  No  
 Insurance Expiration Date: \_\_\_\_\_  
 Worker Compensation Form 7A, 7B, 7C?  Yes  No

**Business Owner or Tenant**  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Architect's Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_

- BUILDING TYPE:** (Choose One)      **CODE TYPE:**
- Residential
  - Commercial
  - # Units \_\_\_\_\_
  - Other \_\_\_\_\_
  - IBC
  - IRC
  - IEBC

- CHANGE OF USE:**       YES    NO
- BUILDING SPRINKLED:       YES    NO  
 ENTERPRISE ZONE:       YES    NO  
 CONSTRUCTION TYPE: \_\_\_\_\_  
 OCCUPANCY CODE: \_\_\_\_\_  
 DESIGN OCCUPANT LOAD: \_\_\_\_\_

- REQUIRES:**       Certificate of Occupancy (CO)  
                           Certificate of Approval (CA)

**DESCRIPTION OF WORK:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- "WORK ITEMS" - check all that apply to this application:**
- Accessibility Ramp
  - Awning
  - Commercial - New / Addition / Remodel
  - Commercial - Façade Improvement
  - Conversion (change # families)
  - Deck - New / Addition / Replacement
  - Elevator
  - Foundation Only
  - Garage - New /Addition / Remodel
  - Move Building
  - Multi Family - New
  - Multi Family - Addition / Remodel
  - Retaining Wall
  - Shed
  - Single Family - New
  - Single Family - Addition / Remodel
  - Telecommunication Tower
  - Temporary Structure / TENT
  - Two Family - New
  - Two Family - Addition / Remodel
  - Wheelchair Ramp - Residential

**OVER**

**FOUNDATION ONLY****"WORK ITEMS"- check all that apply to this application:**

- Commercial - Foundation Only  
 Garage - Commercial - Foundation Only  
 Garage - Residential - Foundation Only

**SWIMMING POOL** -please answer the following:

# Families \_\_\_\_\_ Setback: \_\_\_\_\_  
 Size of Pool \_\_\_\_\_ Front \_\_\_\_\_  
 Attached decks  YES  NO Rear \_\_\_\_\_  
 Type of Pool:  Above Ground Side \_\_\_\_\_  
 In-ground  
 Spa  
 Protection Provided:  Safety Gate  Alarm  Fence

**SIDING**-please answer the following: Structure Size:

Connected to \_\_\_\_\_ Front \_\_\_\_\_  
 Fastener Type \_\_\_\_\_ Rear \_\_\_\_\_  
 # Stories \_\_\_\_\_ Width \_\_\_\_\_  
 Material Beneath Siding \_\_\_\_\_  
 Size Ground Connector \_\_\_\_\_  
 Type of Siding \_\_\_\_\_

**SIGN**-please answer the following:

Name on Sign \_\_\_\_\_  
 Sign Manufacturer \_\_\_\_\_  
 Sign License # \_\_\_\_\_  
 UL Listed ? Company  YES  NO Sign  YES  NO  
 UL Number \_\_\_\_\_

**"WORK ITEMS"- check all that apply to this application:**

- Billboard  Canopy (letters)  
 Wall Sign  Directional Signs  
 Ground/Pylon Sign  Replace Existing

**ROOFING** -please answer the following:

# Coverings present \_\_\_\_\_ Front Width: \_\_\_\_\_  
 # Shingles \_\_\_\_\_ Rear Width: \_\_\_\_\_  
 # Squares of roof \_\_\_\_\_ Side Length: \_\_\_\_\_  
 Felt paper  YES  NO  
 Flashing type \_\_\_\_\_  
 Ice & Water  YES  NO  
 Louver vent  YES  NO  
 Manufacturer \_\_\_\_\_  
 Material beneath roof \_\_\_\_\_  
 Pitch of roof \_\_\_\_\_  
 Rafter size \_\_\_\_\_  
 Removing layers  YES  NO  
 Ridge vent  YES  NO Size of vent \_\_\_\_\_  
 Spacings \_\_\_\_\_  
 Sq. ft. of roof \_\_\_\_\_  
 Style of roof \_\_\_\_\_  
 Type of roof covering \_\_\_\_\_

**DEMOLITION**-please answer the following Structure Size:

# Families \_\_\_\_\_ Front \_\_\_\_\_  
 Asbestos Disposal site \_\_\_\_\_ Rear \_\_\_\_\_  
 Bldg purpose was \_\_\_\_\_ Depth \_\_\_\_\_  
 Disposal site \_\_\_\_\_  
 Excavation Filled to Grade  YES  NO  
 Fence or barricade  YES  NO  
 Health Dept. Notified  YES  NO  
 # Stories \_\_\_\_\_  
 Permit bond required  YES  NO

**ESTIMATED COST: \$** \_\_\_\_\_

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 an authorized agent and we agree to conform to all applicable laws of this jurisdiction.

**APPLICANT'S NAME** (please print): \_\_\_\_\_**SIGNATURE:** \_\_\_\_\_
**OWNER'S NAME** (please print): \_\_\_\_\_  
*(Required for demolition permits)*
**SIGNATURE:** \_\_\_\_\_**For Inspector's Use Only - Do Not Write Below This Line:****Reviews Required?**

Delinquent Tax  Yes  No  
 Zoning  Yes  No  
 Inland/Wetland  Yes  No  
 City Plan  Yes  No  
 Fire Marshal  Yes  No  
 Engineering  Yes  No

Water  Yes  No  
 W.P.C.  Yes  No  
 Traffic (City)  Yes  No  
 Traffic (State)  Yes  No  
 Health  Yes  No

**Application Reviewed - OK to Issue Permit:**

Permit Fee: \$ \_\_\_\_\_  
 State Fee: \$ \_\_\_\_\_  
 CO Fee: \$ \_\_\_\_\_  
 Penalty Fee: \$ \_\_\_\_\_  
 Zoning Fee: \$ \_\_\_\_\_  
 Fire Marshal Fee: \$ \_\_\_\_\_  
 WPC Fee: \$ \_\_\_\_\_  
**Total Fee:** \$ \_\_\_\_\_

\_\_\_\_\_  
(Authorizing Inspector's Signature)**Cash/Check #** \_\_\_\_\_