



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 #** _____