



Building Permit Application

Site Address _____ ZIP _____ Date _____

1. Owner Information

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

2. Applicant Information

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Email _____

State License Number _____ Company Name (if applicable) _____

3. Project Information

Project Valuation \$ _____

Description of work _____

Check all that apply:

Residential: Single Family Single Family Attached Two Family Three/Four Family Five+ Family	Commercial Industrial Institutional Public	Principal Building Garage Accessory Building Temporary Building Swimming Pool Other:	New Building Existing Building: Addition Remodel Repair Deck	Re-Roof Re-Side Demolish Building Move Building
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4. Architect/Engineer

Contact Person _____

Company Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Certification

Separate permits are required for Electrical, Building, Plumbing, Signs and Fences. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. All provisions of laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, State or Local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause.

I hereby certify that I have read and examined this application and know the same to be true and correct.

X Applicant Signature _____ **Date** _____

For Office Use Only

S.A.C. Charge Yes No Units _____ Double Fee Yes No Zoning _____

Property ID _____ Occupancy _____ Type of Construction _____ No. Dwelling Units _____

Code _____ Permit # _____ Authorization to Issue _____ Issued _____