



Residential Building Permit Application

Date: _____

Physical address of job site: _____

Work Type New Addition Alteration Repair Replace Move Remove

Owner Name	Mail Address	Zip	Telephone
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Name of Contractor:	Address	Phone	License #
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Architect/Designer	Address	Phone	License #
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Engineer	Address	Phone	License #
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Plumber	Address	Phone	License #
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Electrician	Address	Phone	License #
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HVAC	Address	Phone	License #
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Describe work:

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING, IF NOT SPECIFIED ON THIS PERMIT. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED. THIS PERMIT IS VALID FOR ONE YEAR.

By signing this form I hereby certify that I have read and examined this application and know the same to be true and correct. 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 state or local law regulating construction or the performance of construction.

Signature of Applicant

Total Project Valuation \$ _____

This section to be completed by City					Permit Fee		\$
	Yes	No	N/A	Completed by:			
Plans Received:					Plan Review		\$
Plat Received:					Basic Permit		\$
Plan Review Required:					Additional Items		\$
Plan Review Deposit:					Foundation		\$
Variance Required?:					Electric		\$
Zoning Change?:					Plumb		\$
Fire Review Required?:					Mechanical		\$
Other:					Other		\$
					Total		\$