

Date Received

____/____/____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

By: _____

IMPORTANT — Applicants to Complete all items in sections: I, II, III, IV and IX.

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

II. TYPE AND COST OF BUILDING — All Applicants complete Parts A – D

A. TYPE OF IMPROVEMENT 1. <input type="checkbox"/> New building 2. <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3. <input type="checkbox"/> Alteration (See 2 above) 4. <input type="checkbox"/> Repair, replacement 5. <input type="checkbox"/> Wrecking (If multifamily, residential, enter number of units in building in Part D, 13) 6. <input type="checkbox"/> Moving (relocation) 7. <input type="checkbox"/> Foundation only		D. PROPOSED USE — For "Wrecking" most recent use <table border="0"> <tr> <td>Residential</td> <td>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"/> Carports</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"/> Carports	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 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State or local government)																													
C. COST 10. Cost of improvement \$ _____ <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ _____		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. _____ _____ _____ _____																											

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.

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

NO. STREET

Name	Mailing address – Number, street, city and State	ZIP code	Tel. No.
1. Owner or Lessee Name			
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 _____				

VIII. VALIDATION		FOR DEPARTMENTAL USE ONLY	
Building Permit number	_____	Use Group	_____
Building Permit issued	_____	Fire Grading	_____
Building Permit Fee	\$ _____	Live Loading	_____
Certificate of Occupancy	\$ _____	Occupancy Load	_____
Drain Tile	\$ _____	Approved by:	_____
Plan Review Fee	\$ _____	TITLE	_____

DISTRICT	
USE	
FRONT YARD	
SIDE YARD	SIDE YARD
REAR YARD	
NOTES	

IX. SITE OR PLOT PLAN – For Applicant Use

The grid is approximately 30 units wide by 40 units high. A north arrow symbol, consisting of a circle with the letter 'N' to its right, is positioned in the lower right area of the grid.

Signing this application in the presence of a Notary Public means that you will proceed with the work in conformity with the issued permits and in accordance with all Building, Zoning and Historical District codes and regulations. Failure to comply may result in a stop work order being issued and possible removal of the improvement.

Sworn to and subscribed before me this _____ day of _____ A.D. _____

Signature of Contractor or Homeowner