



# CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

**I. IDENTIFICATION**

1. Proposed Work Site at: \_\_\_\_\_

2. Name of Owner in Fee: \_\_\_\_\_  
 Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_  
street municipality zip code

4. Principal Contractor: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
 Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_  
 Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun \_\_\_\_\_  
 Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

**V. FEE SUMMARY (for office use only)**

		Update	Update
1. Building	\$	/	/
2. Electrical		/	/
3. Plumbing		/	/
4. Fire Protection		/	/
5. Elevator Devices		/	/
6. Subtotal		/	/
7. Less 20% for State Plan Review	\$	/	/
8. Subtotal	\$	/	/
9. State Permit Surcharge Fee		/	/
10. Subtotal	\$	/	/
11. Cert. of Occupancy		/	/
12. Other		/	/
13. TOTAL	\$	/	/

**VI. BUILDING/SITE CHARACTERISTICS** (office use only)

1. Number of Stories \_\_\_\_\_

2. Height of Structure \_\_\_\_\_ ft.

3. Area — Largest Floor \_\_\_\_\_ sq. ft.

4. New Building Area \_\_\_\_\_ sq. ft.

5. Volume of New Structure \_\_\_\_\_ cu. ft.

6. Max. Live Load \_\_\_\_\_

7. Max. Occupancy Load \_\_\_\_\_

8. If Industrialized Building: State Approved \_\_\_\_\_ HUD \_\_\_\_\_

9. Total Land Area Disturbed \_\_\_\_\_ sq. ft.

10. Flood Hazard Zone \_\_\_\_\_

11. Base Flood Elevation \_\_\_\_\_ ft.

12. Wetlands yes \_\_\_\_\_ no \_\_\_\_\_

**IIa. PROPOSED WORK**

Minor Work       New Building       Addition       Demolition  
 Repair       Alteration       Renovation       Reconstruction  
 Asbestos Abat. -Subch. 8       Lead Hazard Abatement       Radon Remediation       Annual Permit

**IIb. SUBCODES** (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<input type="checkbox"/> Building		/	/	/	/	/	/	/	/
<input type="checkbox"/> Electrical		/	/	/	/	/	/	/	/
<input type="checkbox"/> Plumbing		/	/	/	/	/	/	/	/
<input type="checkbox"/> Fire Protection		/	/	/	/	/	/	/	/
<input type="checkbox"/> Elevator		/	/	/	/	/	/	/	/
<b>TOTAL COST</b>									

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL (primary use)**

1. State Specific Use: \_\_\_\_\_

2. Use Group, Proposed: \_\_\_\_\_

3. Change in Use Group, Indicate Present: \_\_\_\_\_

4. No. of dwelling units: *Total Units* \_\_\_\_\_ *Income-restricted* \_\_\_\_\_

Gained, Sale	_____
Gained, Rental	_____
Lost, Sale	_____
Lost, Rental	_____

**B. NON-RESIDENTIAL (primary use)**

1. State Specific Use: \_\_\_\_\_

2. Use Group, Proposed: \_\_\_\_\_

3. Change in Use Group, Indicate Present: \_\_\_\_\_

**C. MIXED USE** -List secondary use(s): \_\_\_\_\_

**D. Construct. Classification:** Present \_\_\_\_\_ Proposed \_\_\_\_\_

**III. PLAN REVIEW** (optional)

DO YOU WANT:

1.  Partial Releases

2.  Prototype Processing

**IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

1.  Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks

2.  High Pressure Boilers

3.  Pressure Vessels

4.  Refrigeration Systems

5.  Cross-Connections/Backflow Preventers

6.  Hazardous Uses/Places of Assembly

7.  Sprinklers

8.  Smoke Control Systems in Open Wells

9.  Underground Storage Tanks

10.  Swimming Pools, Spas and Hot Tubs

11.  LPGas Tanks