



App No: _____

BUILDING PERMIT APPLICATION

Complete form, print and send to this department with all applicable documentation.

Section I - Location

a. **Project Address:** _____
 Single Fam. Two Family Multi-Family Comm. Industrial Tax Exempt Mobile Home

b. **Property Owner:** _____ Phone: _____
 Owner Address: _____ E-Mail: _____

c. **Business Name** _____ Phone: _____
 Contact Person: _____ E-Mail: _____

Section II - Contractor/Contacts

d. **Contractor** _____ Bus. Phone: _____
 Address: _____ E-Mail: _____
 Contact Person: _____ Phone: _____

The following certifications are **REQUIRED** for any work to a one- or two-family dwelling
 Dwelling Contractor Certification # _____ Dwelling Contractor Qualifier # _____

e. **Architect/Eng.** _____ E-Mail: _____
 Address: _____
 Contact Person: _____ Phone: _____

Check box next to main contact person above (inspector questions/permit pickup) E-Mail: _____

Section III - Project

f. **Permit for:** New Bldg Addition Alteration Demo Erosion Control Other
 Garage (Required: Height of Primary Structure: _____; Garage Wall Height: _____; Total Garage Height: _____)

g. **Description of Project** _____
 Explain: (i.e.: New Single Family Home, Alteration to Tenant Suite, Swimming Pool Installation, 24x24 Garage, etc.) For fence use other side to draw location.

h. **Estimated Cost of Construction:** \$ _____

***** DO NOT WRITE BELOW THIS LINE *****

<u>Req.</u>	<u>Approved</u>	<u>Req.</u>	<u>Approved</u>	<u>Req.</u>	<u>Approved</u>
<input type="checkbox"/> Zoning	_____	<input type="checkbox"/> Plan Approval	_____	<input type="checkbox"/> WAFD Plans Sent	_____
<input type="checkbox"/> Building Setbacks	_____	<input type="checkbox"/> Building No	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Yard Grade	_____	<input type="checkbox"/> DPW Driveway	_____		

Building Inspector Notes: _____

Tax Key # _____ **Zoning Class:** _____ **Zoning Notes:** _____

Permit Fee: _____
 Erosion Control Fee: _____
 Plan Review Fee: _____
 House # Fee: _____
 Other: _____
 Total Permit Fees: _____

Final Zoning Approval

(Inspector)

(Date)

Final Building Approval

(Inspector)

(Date)

Stamp Official Date Received