

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)		Is Owner Applicant (Y/N)
	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See item 9)			

1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)	

2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or 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 I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE NO.

No. Street

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:	
Plan Number		ASSEMBLY	INSTITUTIONAL
IMPROVEMENT TYPE:		<input type="checkbox"/> THEATRE (1)	<input type="checkbox"/> GROUP HOME (12)
	<input type="checkbox"/> NEW CONSTRUCTION (1)	<input type="checkbox"/> NIGHT CLUB (2)	<input type="checkbox"/> HOSPITAL (13)
<input type="checkbox"/> ADDITION (2)	<input type="checkbox"/> RESTAURANT (3)	<input type="checkbox"/> CHURCH (4)	<input type="checkbox"/> JAIL (14)
<input type="checkbox"/> ALTERATION (3)	<input type="checkbox"/> OTHER ASSEMBLY (5)	<input type="checkbox"/> BUSINESS (6)	<input type="checkbox"/> MERCANTILE (15)
<input type="checkbox"/> REPAIR / REPLACEMENT (4)	EDUCATIONAL	<input type="checkbox"/> (GRADES 1-12) (7)	RESIDENTIAL
<input type="checkbox"/> DEMOLITION (5)	<input type="checkbox"/> DAY CARE FACILITY (8)	FACTORY	<input type="checkbox"/> HOTEL, MOTEL (16)
<input type="checkbox"/> RELOCATION (6)	<input type="checkbox"/> MODERATE HAZARD (9)	<input type="checkbox"/> LOW HAZARD (10)	<input type="checkbox"/> MULTI-FAMILY (17)
<input type="checkbox"/> FOUNDATION ONLY (7)	<input type="checkbox"/> HIGH HAZARD (11)		<input type="checkbox"/> BOCA TWO FAMILY (18)
<input type="checkbox"/> CHANGE OF USE ONLY (8)			<input type="checkbox"/> CABO TWO FAMILY (19)
			<input type="checkbox"/> BOCA SINGLE FAMILY (20)
			<input type="checkbox"/> CABO SINGLE FAMILY (21)
			STORAGE
			<input type="checkbox"/> MODERATE HAZARD (22)
			<input type="checkbox"/> LOW HAZARD (23)
Structural (check that applicable) Frame		Exterior (Check those applicable) Walls	
<input type="checkbox"/> Steel (1)	<input type="checkbox"/> Concrete (3)	<input type="checkbox"/> Other (5), Identify: _____	<input type="checkbox"/> Steel (1)
<input type="checkbox"/> Masonry (2)	<input type="checkbox"/> Wood (4)		<input type="checkbox"/> Concrete (3)
			<input type="checkbox"/> Other (5), Identify: _____
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)	
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)	
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)	
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)	
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)	
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)	
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)	
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)	
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)	
Est. Start _____/_____/_____	Est. Finish _____/_____/_____	Building Est. Value \$	

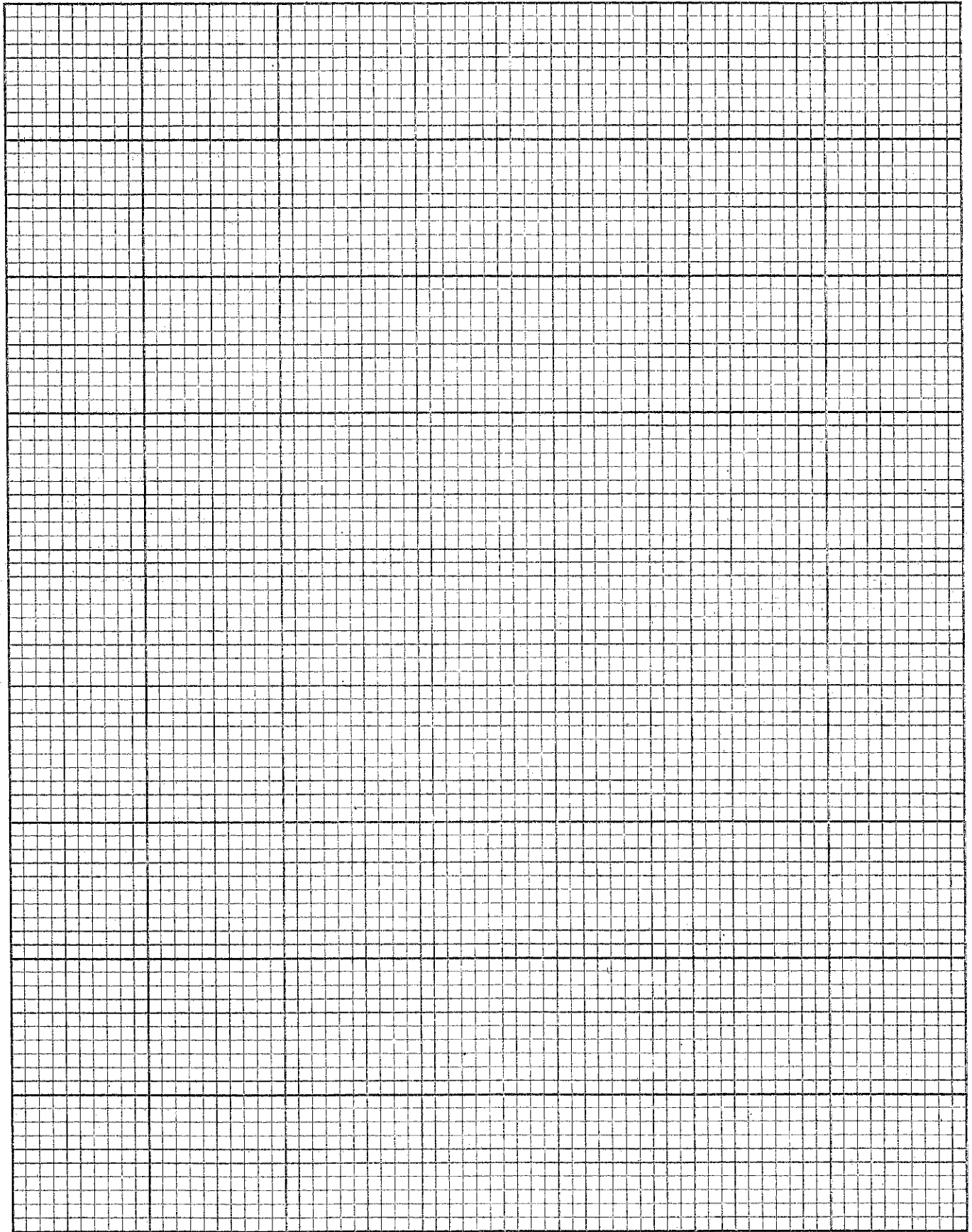
6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service _____ AMPS	Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE	Number of Service Outlets: _____ 110V _____ 220V			
POWER DEVICES	No.	OUTPUT/LOAD	POWER DEVICES	No.	OUTPUT/LOAD
1		7			
2		8			
3		9			
4		10			
5					
6			Total Number of Motors		
Utility Service Revisions:					
Est. Start _____/_____/_____		Est. Finish _____/_____/_____		Electrical Work Est. Value \$	

10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET