



Application for Permit

_____ Building _____ Demolition _____ Moving

Owner _____ Date _____

Location of Building Site Location _____ Zoning _____
Between _____ and _____
Street Cross Street Cross Street
Subdivision _____ Lot _____ Block _____ Lot Size _____

Type of Improvement <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Moving <input type="checkbox"/> Foundation Only	Proposed Use	
	Residential	Nonresidential
	<input type="checkbox"/> One Family	<input type="checkbox"/> Amusement
	<input type="checkbox"/> Two or More Families	<input type="checkbox"/> Church
	<input type="checkbox"/> Apartments	<input type="checkbox"/> Industrial
	<input type="checkbox"/> Garage	<input type="checkbox"/> Professional
	<input type="checkbox"/> Carport	<input type="checkbox"/> Store
		<input type="checkbox"/> Other _____

Describe in detail proposed use of structure _____

Is the Property located in a floodplain _____ *Flood Plain Manager Approval* _____

Flood Zone _____ **Panel Number** _____ **Effective Date** _____

Moving: Location of Structure to be moved _____

(FEE MUST BE PAID AND STRUCTURE INSPECTED AND APPROVED BEFORE PERMIT ISSUED)

Principal Type Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> Other	Principal Type of Heating <input type="checkbox"/> Gas Electric <input type="checkbox"/> Electric <input type="checkbox"/> Other	Dimensions Number of stories _____ Total sq ft of floor area ... _____ Total Land area, sq ft _____
Type of Sewage Disposal <input type="checkbox"/> Public <input type="checkbox"/> Private		Number of Off-Street Parking Spaces Required _____ Being Provided _____
Type of Water Supply <input type="checkbox"/> Public <input type="checkbox"/> Private		Number of Bedrooms _____
Type of Mechanical (Central Heat and Air) <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Bathrooms Full _____ Partial _____
Will there be an elevator <input type="checkbox"/> Yes <input type="checkbox"/> No		

Owner

Name _____ Address _____ Phone _____

Contractor

Name _____ Address _____ Phone _____

Architect or Engineer

Name _____ Address _____ Phone _____

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

_____ Date _____

Approved By

_____ Date _____

Site or Plot Plan Show set back dimensions on all sides

Blank area for site or plot plan with set back dimensions.