



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: _____ Tel. (____) _____

2. Name of Owner in Fee: _____ Tel. (____) _____
Address _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____ Tel. (____) _____

4. Principal Contractor: _____ Tel. (____) _____
Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: (____) _____
 Architect or Engineer _____ Tel. (____) _____
 Address _____ Contact _____

5. Responsible Person in Charge once Work has Begun _____ FAX: (____) _____
 Tel. (____) _____

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. <input type="checkbox"/> Minor Work								
2. <input type="checkbox"/> New Building								
3. <input type="checkbox"/> Addition								
4. <input type="checkbox"/> a. Repair								
<input type="checkbox"/> b. Alteration								
<input type="checkbox"/> c. Renovation								
<input type="checkbox"/> d. Reconstruction								
5. <input type="checkbox"/> Fire Protection								
6. <input type="checkbox"/> Plumbing								
7. <input type="checkbox"/> Electrical								
8. <input type="checkbox"/> Elevator Devices								
9. <input type="checkbox"/> Asbestos Abat. Subch. 8								
10. <input type="checkbox"/> Lead Hazard Abatement								
11. <input type="checkbox"/> Demolition								
TOTAL COSTS								

VI. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
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	\$ _____		

VII. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.

2. Height of Structure _____ sq. ft.

3. Area - Largest Floor _____ sq. ft.

4. New Building Area _____ cu. ft.

5. Volume of New Structure _____ sq. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____ ft.

9. Base Flood Elevation _____

10. Wetlands yes _____ no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

VIII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: _____ *All Units restricted*

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

III. DO YOU WANT? (optional)

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