

DATE: _____

PROJECT NO: _____

BUILDING PERMIT NO: _____

Property Information:

Address: _____

Unit# _____

Subdivision/Park: _____

Legal Parcel No: _____

Lot # _____

Historic District: Yes

Town-ship District Section

Contact Information:

APPLICANT

Owner: _____

Designer: _____

General Contractor: _____

Address: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Email: _____

State License: _____

Project Information:

Project Name: _____

Estimated Costs: \$ _____

Description: _____

Other than items listed below

Activity					
New Const:	<input type="checkbox"/>	Interior Alteration:	<input type="checkbox"/>		
Addition:	<input type="checkbox"/>	Exterior Alteration:	<input type="checkbox"/>		
Shell:	<input type="checkbox"/>	Modular:	<input type="checkbox"/>	Pool: <input type="checkbox"/>	
Patio/Deck:	<input type="checkbox"/>	Retaining Wall or Fence:	<input type="checkbox"/>		
IBC Type of Construction					
I-A	<input type="checkbox"/>	III-A	<input type="checkbox"/>	V-A	<input type="checkbox"/>
I-B	<input type="checkbox"/>	II-B	<input type="checkbox"/>	III-B	<input type="checkbox"/>
		IV	<input type="checkbox"/>	V-B	<input type="checkbox"/>

Occupancy Types		
<input type="checkbox"/> A-1: Theater/Studio	<input type="checkbox"/> F-1: MH-Factory	<input type="checkbox"/> R-1: Hotel/Motel
<input type="checkbox"/> A-2: Restaurant/Club	<input type="checkbox"/> F-2: LH-Factory	<input type="checkbox"/> R-2: Apartment
<input type="checkbox"/> A-3: Worship/Recreation	<input type="checkbox"/> I-1: Group Homes	<input type="checkbox"/> R-3: Single-Family
<input type="checkbox"/> A-4: Indoor Sports	<input type="checkbox"/> I-2: Hospital	<input type="checkbox"/> R-4: Custodial Care
<input type="checkbox"/> A-5: Outdoor Venues	<input type="checkbox"/> I-3: Corrections	<input type="checkbox"/> S-1: M-Haz Storage
<input type="checkbox"/> B: Business	<input type="checkbox"/> I-4: Day Care	<input type="checkbox"/> S-2: L-Haz Storage
<input type="checkbox"/> E: Education	<input type="checkbox"/> M: Retail	<input type="checkbox"/> U: Utility

Other: _____

Square Footage	Level 1	Level 2	Level 3	Level 4
Existing:	_____ SF	_____ SF	_____ SF	_____ SF
New:	_____ SF	_____ SF	_____ SF	_____ SF
Altered:	_____ SF	_____ SF	_____ SF	_____ SF
Basement:	_____ SF	_____ SF	_____ SF	

Building Height	
Mezzanines/Platforms:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Sprinklers:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Rated Assemblies:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unlimited Area Building:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Projected Start Date: _____

Projected Completion Date: _____

Application should include the appropriate Submittal Checklist for the type of Work Proposed

SIGNATURE OF APPLICANT: _____