APPLICATION FOR PLAN EXAMINATION ZONING AND BUILDING PERMIT

For most projects, complete the highlighted fields on pages 1, 2, and 4. For new construction of a residence or a commercial structure, please arrange a meeting with the Zoning Administrator prior to submitting your application.

IMPORTANT- Applicant to complete all items in sections: I, II, III, IV, and IX

I. LOCATION OF BUILDING

ADDRESS (WORK LOCATION) _____

ZONED_____ **BETWEEN** _____ **AND** _____
CROSS STREET CROSS STREET

SUBDIVISION _____ **LOT**____ **BLOCK** ____ **LOT SIZE** _____

II. Type and cost of building- ***All applicants complete Parts A-D***

A. TYPE OF IMPROVEMENT

1. □ New Building (Including garages or sheds)
2. □ Addition
3. □ Alteration
4. □ Repair, Replace
5. □ Wrecking
6. □ Moving (Relocation)
7. □ Foundation Only
8. □ Fencing

B. OWNERSHIP

9. □ Private (individual, corporation, nonprofit)
10. □ Public (Federal, State, Local Government)

D. PROPOSED USE

Residential

12. □ One Family
13. □ Two or More Family *Units*____
14. □ Transient Hotel, Motel or Dormitory *Units*____
15. □ Garage
16. □ Carport
17. □ Other- *Specify*

_____

Nonresidential

18. □ Amusement, Recreation
19. □ Church, Religious
20. □ Industrial
21. □ Parking Garage
22. □ Service Station, Repair Garage
23. □ Hospital, Institution
24. □ Office, Bank, Professional
25. □ Public Utility
26. □ School, Library, Educational
27. □ Stores, Mercantile
28. □ Tanks, towers
29. □ Other- *Specify*

C. COST

10. Cost of Improvement	**$**
(To be installed but not included in the above cost)	
a. Electrical	**$**
b. Plumbing	**$**
c. Heating, Air Conditioning	**$**
d. Other (Elevator, etc.)	**$**
TOTAL COST OF IMPROVEMENT	**$**

Describe Work to Be Performed

_____

_____

_____

_____

_____

_____

E. PRINCIPAL TYPE OF FRAME

30. □ Masonry (Wall Bearing)
31. □ Wood Frame
32. □ Structural Steel
33. □ Reinforced Concrete
34. □ Other- Specify _____

F. PRINCIPAL TYPE OF HEATING

35. □ Gas
36. □ Oil
37. □ Electricity
38. □ Coal
39. □ Other- Specify _____

G. TYPE OF SEWAGE DISPOSAL

40. □ Public or Private Company
41. □ Private (Septic Tank, etc.)

H. TYPE OF WATER SUPPLY

42. □ Public or Private Company
43. □ Private (Well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44. □Yes □No

Will there be an elevator?

45. □Yes □No

J. DIMENSIONS

48. Number of stories _____
49. **Total sq ft. of floor area** _____
50. Total land area, sq feet _____

K. PARKING SPACES ***(off street)***

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS

53. Bedrooms
54. Full Baths_____ Partial_____

IV. IDENTIFICATION – *To be completed by all applicants.*

Name		Mailing Address – *Number, Street, City, State.*	Zip Code	Telephone Number
1. Owner or Lessee				
2. Contractor If Applicable			Contractor's License #	
3. Architect or Engineer				

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	Address	Application Date

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – *For office use only.*

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		$					
PLUMBING		$					
MECHANICAL		$					
ELECTRICAL		$					
ZONING		$					
OTHER _____		$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit of Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

BUILDING PERMIT NUMBER	
BUILDING PERMIT ISSUED	
BUILDING PERMIT FEE	$
ZONING PERMIT NUMBER	
ZONING PERMIT ISSUED	
ZONING PERMIT FEE	$
PLAN REVIEW FEE	$

FOR DEPARTMENT USE ONLY

Use Group _____ Fire Grading _____

Live Loading _____ Occup. Load _____

Approved By: _____

Title: _____

NOTES AND DATE – *For department use.*

VII. ZONING PLAN EXAMINERS NOTES	
DISTRICT	
USE	
FRONT YARD	
SIDE YARD	**SIDE YARD**
REAR YARD	
NOTES	

IX. SITE OR PLOT PLAN – *For applicant use.**Include distance from property lines to each side of the structure***