
APPLICATION FOR COMMERCIAL & INDUSTRIAL PERMIT

For office use only:

APPLICATION NUMBER: _____ **PERMIT NUMBER (if different)** _____

DATE RECEIVED: _____ **TIME RECEIVED:** _____ **REVISIONS:** _____

Property Address: _____

Property Index Number: _____ **Zoning District:** _____

Legal Description: _____

Lot Dimensions: Frontage _____ Depth: _____ Square Feet: _____

Existing Uses: Single Family Multifamily Commercial/Industrial Public

Retail/Office Agricultural Institutional Other: _____

Proposed Use: _____ **Construction Type:** _____

Check *all* applicable items:

BUILDING

New construction

Addition

Alteration/Remodel

Conversion

Foundation only

Unreinforced masonry

After the fact permit

Movement of structure

Demolition

Full/partial

Grading

Hillside/Non-hillside

Solar

Tenant Improvement

Conditional

Repair

Floodplain Yes No

BUILDING (MINOR)

Roof

Fence/wall

Chimney

Sign

Type (wall/pole)

Fixtures (Qty)

Incandescent (Qty)

Ballasts (Qty)

Transformers (Qty)

Pool

Public/private

Elect fixtures (qty)

Motor less than 1 hp

Motor less than 5 hp

Pool heater

Backwash disposal

Elevator or chair lift

ACCESSORY

Accessory structure

Paving

Parking lot

Parking lot improvement

Front yard paving/driveway

FIRE PERMITS

Fire suppression system

Fire alarm

Sprinklers

Underground sprinklers

Monitors

MISCELLANEOUS

Spray booth

Fuel storage tank

Range hood

Satellite dish antenna

Lawn sprinkler system

Description of Work: _____

Value of Construction: \$ _____ **Cubic feet:** _____

For additions: Existing square feet _____ Proposed addition: _____

Owner: _____

Address: _____ City, State: _____ Zip: _____

E-mail: _____ Office #: _____ Cell: _____ Fax: _____

Check appropriate boxes and fill in the information requested:

Individual – D.O.B. _____ D.L. No. _____

Corporation – Corporate No. _____ Limited Liability Company or Partnership
LLC or LLP No. _____

Registered Agent: _____

Address: _____

City, State: _____ Zip: _____

Land Trust, Trustee _____

Person with Power of Direction: _____

Address: _____

City, State: _____ Zip: _____

Beneficiaries: _____ Address: _____

City, State: _____ Zip: _____

Design Professional: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

State License #: _____ E-mail: _____

General Contractor: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

E-mail: _____

Check appropriate boxes and fill in the information requested:

Individual – D.O.B. _____ D.L. No. _____

Corporation – Corporate No. _____ Limited Liability Company or Partnership
LLC or LLP No. _____

Registered Agent: _____

Address: _____

City, State: _____ Zip: _____

License #s:

Contractor _____ Roofing Contractor _____

Plumbing _____ Electrical _____

Other _____

Applicant (if different from owner):

Name: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

E-mail: _____

Check appropriate boxes and fill in the information requested:

Individual – D.O.B. _____ D.L. No. _____

Corporation – Corporate No. _____ Limited Liability Company or Partnership LLC or LLP No. _____

Registered Agent: _____

Address: _____

City, State: _____ Zip: _____

Other _____

Address: _____

City, State: _____ Zip: _____

SUBCONTRACTOR INFORMATION

Plumbing Subcontractor: _____

License #: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

E-mail: _____

Electrical Subcontractor: _____

License #: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

E-mail: _____

HVAC Subcontractor: _____

License #: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

E-mail: _____

OTHER Subcontractor: _____

License #: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

E-mail: _____

OTHER Subcontractor: _____
License #: _____
Address: _____ City, State: _____ Zip: _____
Office #: _____ Cell: _____ Fax: _____
E-mail: _____

OTHER Subcontractor: _____
License #: _____
Address: _____ City, State: _____ Zip: _____
Office #: _____ Cell: _____ Fax: _____
E-mail: _____

OTHER Subcontractor: _____
License #: _____
Address: _____ City, State: _____ Zip: _____
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E-mail: _____

OTHER Subcontractor: _____
License #: _____
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Office #: _____ Cell: _____ Fax: _____
E-mail: _____

OTHER Subcontractor: _____
License #: _____
Address: _____ City, State: _____ Zip: _____
Office #: _____ Cell: _____ Fax: _____
E-mail: _____

OTHER Subcontractor: _____
License #: _____
Address: _____ City, State: _____ Zip: _____
Office #: _____ Cell: _____ Fax: _____
E-mail: _____

NOTE: ALL SUBCONTRACTORS MUST HAVE A LICENSE (I.E. : Roofers, finish carpentry, sheet rockers, siding companies, flooring, excavators, glass and glazing, concrete). Use a separate sheet and attach to the application if additional room needed. PERMIT WILL BE DENIED IF ALL INFORMATION IS NOT INCLUDED WITH THIS APPLICATION

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith.

 Applicant's Signature and Date

 Title

I understand that by applying for this permit, I am consenting to the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections during normal business hours for the duration of the permit.

 Owner's Signature

Office Use Only
APPROVALS:

Type	Date	Initials
Building		
Electrical		
Mechanical		
Plumbing		
Concrete		
Engineering		
Water		
Sewer		
Fire		
Health		
Landscaping		
Energy		
Medical Gas		
Zoning		
Historical		
Special Inspections		
Site Plan		
Floodplain Yes ___ No ___		

PLAN REVIEW/ BLDG INSPECTION FEE	_____
ADMINISTRATIVE FEE	_____
SEWER CONNECTION FEE	_____
WATER CONNECTIONS FEE	_____
FIRE REVIEW / INSPECTION FEE	_____
TOTAL	\$ _____