

BUILDING PERMIT APPLICATION FORM

7/1/05

ADDITIONS/REMODELING/ACCESSORY BUILDINGS

(PLAN REVIEW REQUIRED)

CONTRACTOR NAME: _____ ADDRESS: _____

PHONE #: _____ CITY/STATE: _____

OWNER NAME: _____ ADDRESS: _____

PHONE #: _____ CITY/STATE: _____

TYPE JOB: _____

BEDROOM ADDITION: ____ (IF YES MUST HAVE HEALTH DEPT. APPROVAL)

DIRECTIONS TO JOB OFF U.S. HIGHWAY:

BUILDING SIZE: _____ W _____ L

2ND STORY _____ W _____ L TOTAL SQUARE FEET: _____ DECKS, PATIO OR PORCH
SIZE: _____, _____, _____

HEALTH DEPT. PERMIT #: 171- ____ - ____ COST OF JOB (ESTIMATED): _____

NAME OF ELECTRICIAN: _____ NAME OF PLUMBER: _____

NAME OF HEATING & AIR CONTRACTOR: _____

SIZE FLOOR JOIST: _____ SIZE RAFTERS OR TRUSSES: _____ NO: OF AMPS: _____

NO. OF BATHROOMS: ____ NO: OF PLB. FIXTURES: _____ NO: OF BEDROOMS: _____

FIREPLACE: _____ TYPE OF HEAT: _____ A/C _____ BASEMENT SIZE (FINISHED OR UNFINISHED):

GARAGE OR CARPORT: _____ SIZE: _____

DISTANCE OFF ALL PROPERTY LINES & OTHER STRUCTURES: PLEASE DRAW

NAME OF APPLICANT: _____ PHONE #: _____

EMAIL ADDRESS: _____ CHECK IN MAIL: ____ PICK UP & PAY _____

SIGNATURE OF APPLICANT