



BUILDING PERMIT APPLICATION FORM



SINGLE FAMILY DWELLING

(PLAN REVIEW REQUIRED)

CONTRACTOR NAME & NUMBER: _____ DATE: _____

ADDRESS: _____ PHONE #: _____

OWNER NAME: _____

ADDRESS: _____ PHONE #: _____

TYPE JOB: _____

DIRECTIONS TO JOB FROM U.S. HWY. (29,40,41,57 OR 58): SUBDIVISION NAME: _____ LOT # _____

BUILDING SIZE: _____ W _____ L _____ H DECKS, PATIO OR PORCH SIZE: _____

2ND STORY _____ W _____ L _____ H TOTAL SQUARE FEET: _____

HEALTH DEPT. PERMIT #: 171- _____ - _____ PUBLIC WATER _____ PUBLIC SEWER _____

COST OF JOB (ESTIMATED): _____

NAME AND CONTRACTOR'S # OF ELECTRICIAN: _____

NAME AND CONTRACTOR'S # OF PLUMBER: _____

NAME AND CONTRACTOR'S # OF HEATING & AIR CONTRACTOR: _____

SIZE FLOOR JOIST: _____ RAFTER SIZE OR TRUSSES: _____ NO. OF AMPS: _____

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

BEDROOM WINDOW SIZE: _____ FIREPLACE: _____ BASEMENT SIZE: _____

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

TYPE OF EXTERIOR (VINYL, BRICK, ETC.): _____

GARAGE: _____ CARPORT: _____ SIZE: _____

DISTANCE OFF ALL PROPERTY LINES & OTHER STRUCTURES: PLEASE DRAW ON SEPARATE SHEET

NAME OF APPLICANT: _____ PHONE #: _____

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

SIGNATURE OF APPLICANT: _____