

DO NOT PROCEED WITH
BUILDING UNTIL A FINAL
PERMIT HAS BEEN ISSUED

FEE PAID _____

BUILDING PERMIT APPLICATION

OWNER: _____ MAIL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	APPLICATION DATE: _____ PERMIT NO: _____
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REQUEST IS HEREBY MADE TO: ERECT REMODEL ADD TO MOVE OTHER
(circle one)

a _____ located at (street address) _____
(legal description) _____

In accordance with the following description, in conformance with all provisions and law in effect pertaining thereto:

Existing Use _____ Proposed Use _____

Estimated Cost _____ Sanitation Information:

Sewer _____ Private _____ Public _____

Water _____ Private _____ Public _____

Lot Information:

Street Frontage _____ Width _____

Depth _____ Area _____

Building Information:

Width _____ Depth _____

Height _____ Floors (No.) _____

Floor Area Sq. Ft. _____ Total Lot Coverage _____

If residential, No. of Dwelling Units _____

Setback Information:	Actual	Required
Front Yard	_____	_____
Side Yard	_____	_____
Rear Yard	_____	_____

Number of Off-Street Parking Spaces: Required _____ Provided _____

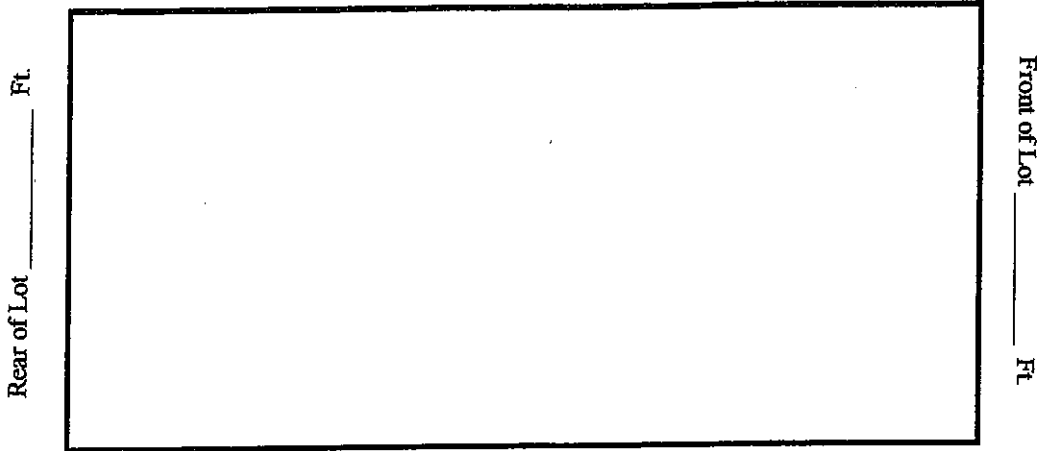
CONTRACTOR: _____

Date Application Requested: _____ Date Application Returned: _____

PERMIT WILL ONLY BE VALID FOR 1 YEAR FROM DATE OF APPROVAL

The structures and accessory buildings are located in the described area according to the following diagram.

Length of Lot _____ Ft.



ALL MEASUREMENTS OF PROPERTY LINES AND SET BACKS MUST BE SHOWN ON THE ABOVE DIAGRAM. INCLUDE ENOUGH DETAIL TO SHOW OR EXPLAIN EVERYTHING YOU WANT APPROVED IN THIS APPLICATION.

Description of work or improvement: _____

I hereby affirm that the above statements are true and correct, and agree to comply with all ordinances and laws pertaining to and governing the construction, alteration or extension of buildings described in this application. **PERMIT WILL ONLY BE VALID FOR 1 YEAR FROM DATE OF APPROVAL**

OWNER'S SIGNATURE or REPRESENTATIVE

ADDRESS: _____ PHONE NO: _____

REVIEWED BY: _____

DATE APPROVED: _____