

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____ Tel. (____) _____

2. Name of Owner in Fee: _____ Tel. (____) _____
 Address _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: _____ Public _____ Private _____ Tel. (____) _____ Exp. Date: _____

4. Principal Contractor: _____ Tel. (____) _____
 Address _____
 License No. OR, if new home, Builder Reg. No. _____

Federal Employee No. _____ FAX (____) _____
 5. Architect or Engineer: _____ Tel. (____) _____
 Address _____

6. Responsible Person in Charge of Work: _____ FAX (____) _____
 Tel. (____) _____

V. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
2. Electrical	_____		
3. Plumbing	_____		
4. Fire Protection	_____		
5. Mechanical	_____		
6. Subtotal	\$ _____		
7. Plan Review	_____		
8. Administrative Fee	\$ _____		
9. L & I Training Fee	_____		
10. Subtotal	\$ _____		
11. Certificate of Occupancy	_____		
12. Zoning	_____		
13. TOTAL	\$ _____		

VI. BUILDING / SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)

2. Height of Structure _____ ft.

3. Area - Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____ ft.

9. Base Flood Elevation _____ ft.

10. Wetlands _____
 yes _____
 no _____

11. Max Live Load _____

12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost	Plans Received By	Date Received	Rejection Date	Approval Date	Reviewer	Approval	Rejection	Reviewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical									
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abatement									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. Partial Releases

2. Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. Elevators / Escalators / Lifts

2. High Pressure Boilers

3. Pressure Vessels

4. Refrigeration Systems

5. Cross-Connections / Backflow Preventers

6. Hazardous Uses / Places of Assembly

7. Sprinklers

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)

2. Multi-Family (R-2)

3. 1-2 Family (R-3)

4. Residential Care <17 (R-4)

5.

6.

No. of dwelling units: _____
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group. Indicate Former: _____