

# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)		Is Owner Applicant (Y/N)
	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See item 9)			

## 1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)	

## 2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State    Zip

## 3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

## 4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	PHONE NO.	

No. Street

### 5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	<b>PROPOSED USE:</b>		
Plan Number		<b>ASSEMBLY</b> <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5) <input type="checkbox"/> <b>BUSINESS (6)</b> <b>EDUCATIONAL</b> <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8) <b>FACTORY</b> <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> <b>HIGH HAZARD (11)</b>	<b>INSTITUTIONAL</b> <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> <b>MERCANTILE (15)</b> <b>RESIDENTIAL</b> <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21) <b>STORAGE</b> <input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)	<input type="checkbox"/> <b>OTHER (24)</b> PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM _____ _____ _____ _____ _____ _____ _____ _____
<b>IMPROVEMENT TYPE:</b>				
<input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)				

<b>Structural</b> (check that applicable) <b>Frame</b> <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)      _____	<b>Exterior</b> (Check those applicable) <b>Walls</b> <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)      _____
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Are any **structural assemblies** fabricated off-site?     Yes     No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)
Est. Start    ____/____/____	Est. Finish    ____/____/____	Building Est. Value \$

### 6. ELECTRICAL PERMIT APPLICATION

Electrical Work  Yes  No

Total Service ____ AMPS	Number of Circuits: ____ 2 WIRE ____ 3 WIRE ____ 4 WIRE	Number of Service Outlets: ____ 110V ____ 220V
<b>POWER DEVICES</b>	<b>No.</b>	<b>OUTPUT/LOAD</b>
1		7
2		8
3		9
4		10
5		
6		Total Number of Motors
Utility Service Revisions:		
Est. Start    ____/____/____	Est. Finish    ____/____/____	Electrical Work Est. Value \$

**7. PLUMBING PERMIT APPLICATION**

Plumbing Work  Yes  No

Enter the Number of Fixtures Being Installed, Replaced or Repaired

Tubs/Showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)	
				Total Fixtures	
Public Water (Y/N)		Public Sewer (Y/N)			
Water Service Size _____ IN.		Water Meter Size _____ IN.		Avg. Daily Water Use _____ GPD	
Utility Service Revisions:					
Est. Start _____/_____/_____		Est. Finish _____/_____/_____		Plumbing Work Est. Value \$	

**8. MECHANICAL PERMIT APPLICATION**

Mechanical Work  Yes  No

Enter Number of New or Replacement Units

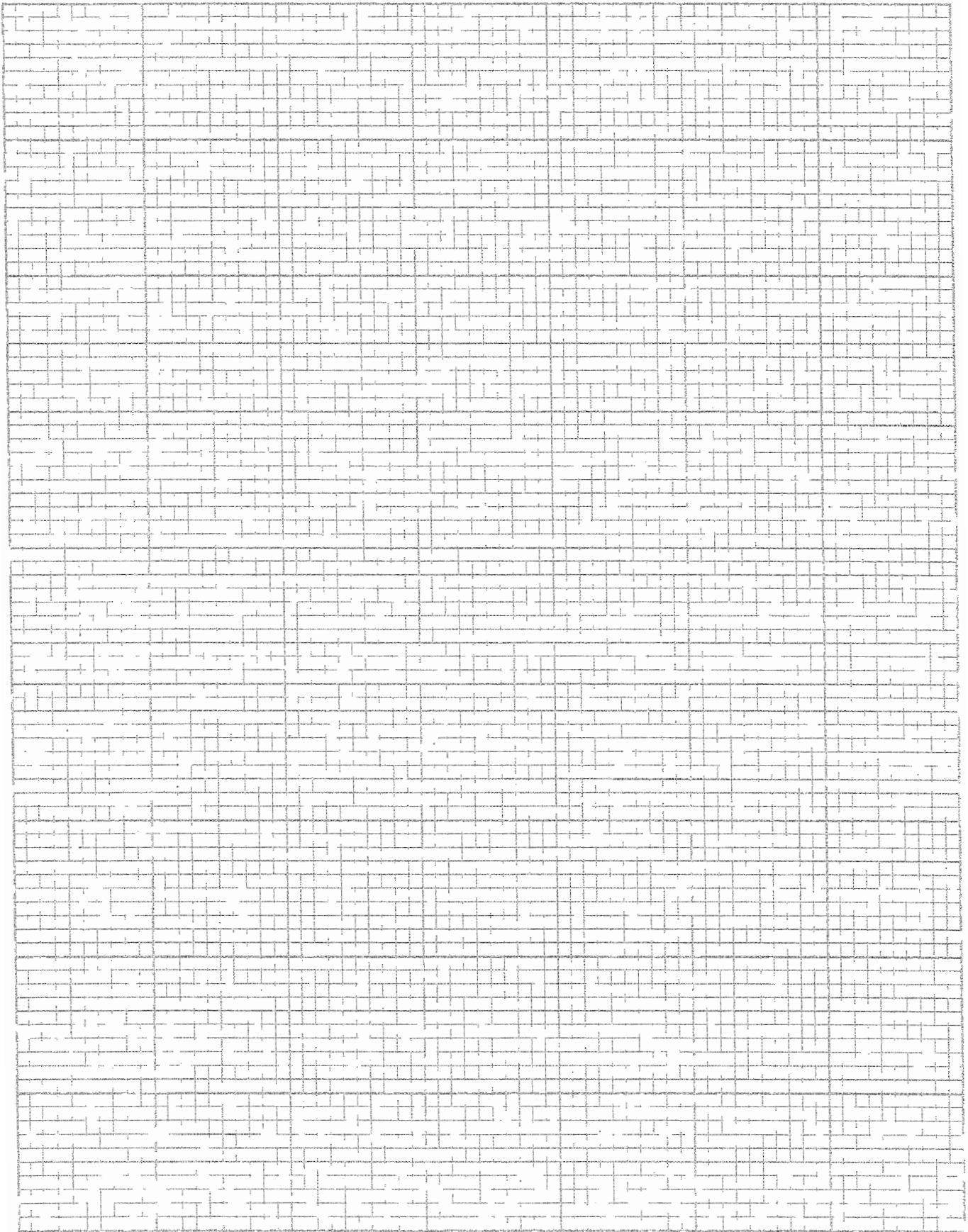
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)					
Est. Start _____/_____/_____		Est. Finish _____/_____/_____		Mechanical Work Est. Value \$	

**9. OTHER REQUIRED PERMIT APPLICATION(S)**

Permit Type:		
Description of Work:		
Est. Start _____/_____/_____	Est. Finish _____/_____/_____	Est. Value \$

**10. SITE PLAN**

**(Show lot lines, easements and work layout and dimensions)**



**SCALE = 1 Inch = \_\_\_\_\_ FEET**

**11. DATA ENTRY**

Application Received:    /    /

By: \_\_\_\_\_

Application Reviewed:    /    /

By: \_\_\_\_\_

Data Entry:    /    /

By: \_\_\_\_\_

**12. FLOODPLAIN EVALUATION**

FLOOD MAP NUMBER & DATE \_\_\_\_\_ LOWEST FLOOR ELEVATION \_\_\_\_\_

FLOOD ZONE \_\_\_\_\_ BASE FLOOD ELEVATION \_\_\_\_\_

**13. ZONING PLAN EVALUATION**

ZONING DISTRICT \_\_\_\_\_ MAP NUMBER \_\_\_\_\_

LOT AREA (From Page 2) \_\_\_\_\_ LOT COVERAGE (%) \_\_\_\_\_

LOT AREA PER ROOM \_\_\_\_\_ ENCROACHMENTS \_\_\_\_\_

OFF STREET PARKING SPACES, REQUIRED \_\_\_\_\_ PROVIDED \_\_\_\_\_

LOADING SPACE \_\_\_\_\_

SIGNS; NUMBER \_\_\_\_\_ SIZE OF EACH SIGN \_\_\_\_\_

PLANNING COMMISSION APPROVAL REQUIRED \_\_\_\_\_

BOARD OF ZONING APPEALS APPROVAL REQUIRED \_\_\_\_\_

**14. PLAN REVIEW RECORD**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
<b>BUILDING</b>		\$					
<b>PLUMBING</b>		\$					
<b>MECHANICAL</b>		\$					
<b>ELECTRICAL</b>		\$					
		\$					
<b>TOTAL</b>		\$	<b>TO BE ENTERED ON PART 18</b>				

**15. ADDITIONAL PERMITS REQUIRED**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
<b>BOILER</b>					<b>PLUMBING</b>				
<b>CURB OR SIDEWALK CUT</b>					<b>ROOFING</b>				
<b>ELEVATOR</b>					<b>SEWER</b>				
<b>ELECTRICAL</b>					<b>SIGN OR BILLBOARD</b>				
<b>FURNACE</b>					<b>STREET GRADES</b>				
<b>GRADING</b>					<b>USE OF PUBLIC AREAS</b>				
<b>OIL BURNER</b>					<b>DEMOLITION</b>				

**16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**17. OTHER DEPARTMENT APPROVALS**

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

**18. VALIDATION**

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
<b>TOTAL FEES</b>			

Prepared By: \_\_\_\_\_ Date \_\_\_\_\_

Approved By: \_\_\_\_\_ Title \_\_\_\_\_