

Application Date	Group	Type Const.	Permit Type	Permit # <b>LIN</b> _____ - _____
<b>TO BE COMPLETED BY APPLICANT</b>				<b>FOR DEPARTMENT USE ONLY</b>
Job Location		Parcel/Tax ID#		Zoning: _____ Dist # _____
Subdivision		Lot#	Plat	Minimum Property Setback Distances from Property Line:
			Accessory Apt? <input type="checkbox"/> Y <input type="checkbox"/> N	
Contact Person			Cell Phone	
Email				
Owner		Phone	Cell Phone	
Mailing Address		City	Zip	
Contractor		Phone	License #	
Mailing Address		City	Zip	
<b>APPLICANT PLEASE READ CAREFULLY</b>				
I agree to comply with all City, County and State Building Laws and Ordinances, and that the representations in this application for a building permit are true and accurate, and any misrepresentations or errors herein are the sole responsibility of applicant, and shall in no way incur or accrue liability or obligation to enforcing officers or agents.				
This permit becomes null and void if work on construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a peiod of 180 days at any time after work is commenced.				
OCCUPANCY OF STRUCTURE IS PROHIBITED UNTIL AFTER FINAL INSPECTION AND ZONING AND OCCUPANCY COMPLIANCE CERTIFICATE IS ISSUED.				
I HAVE CHECKED THE SEWER DEPTH OF ABOVE LOT AND WILL TAKE ALL RESPONSIBILITY FOR SETTING BUILDING ACCORDINGLY.				
Owner's Signature _____		Contractor's Signature _____		
Date: _____		Date: _____		
<b>Application Deposit</b>				
Date	Receipt #	Amount	<input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit <input type="checkbox"/> Check Ck# _____	
<b>FOR DEPARTMENT USE ONLY</b>				<b>Total Fees</b>
				<b>Bldg Permit Fee</b>
<b>FOR DEPARTMENT USE ONLY</b>				<b>1% State Fee</b>
				<b>Total Fees</b>
<b>FOR DEPARTMENT USE ONLY</b>				<b>Payment (less deposit)</b>
				Date
<b>FOR DEPARTMENT USE ONLY</b>				<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Check Ck# _____
				Bldg Dept Approval
<b>FOR DEPARTMENT USE ONLY</b>				Signature _____ Date _____
				Zoning Dept Approval
<b>FOR DEPARTMENT USE ONLY</b>				Signature _____ Date _____
				Signature _____ Date _____