

# BUILDING PERMIT APPLICATION

JURISDICTION: \_\_\_\_\_

BUILDING PERMIT NUMBER: B- \_\_\_\_\_ - \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PARCEL I.D. NUMBER: \_\_\_\_\_

SCHEDULE NUMBER: R \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

**REQUIRED WITH SUBMISSION OF APPLICATION:**

- CONTRACTOR VERIFICATION FORM
- OR**
- ACKNOWLEDGEMENT OF CONTRACTOR INSURANCE

**1.** \_\_\_\_\_  
OWNER NAME MAILING ADDRESS

\_\_\_\_\_ CITY STATE ZIP CODE OWNER PHONE NUMBER

**2. LEGAL DESCRIPTION:** \_\_\_\_\_  
LOT NUMBER BLOCK NUMBER SUBDIVISION NAME  
**OR METES AND BOUNDS** \_\_\_\_\_  
SECTION TOWNSHIP RANGE

**3. JOB ADDRESS:** \_\_\_\_\_

**4. ARCHITECT OR DESIGNER:** \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP PHONE

**5. ENGINEER:** \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP PHONE

**6. CONTRACTOR EMAIL:** \_\_\_\_\_

**7. HOMEOWNER EMAIL:** \_\_\_\_\_

**8. USE OF BUILDING:** \_\_\_\_\_

**9. CLASS OF WORK:**      NEW    ADDITION    ALTERATION    REPAIR    MOVE    REMOVE

**10. DESCRIBE WORK:** \_\_\_\_\_

**11. NOTICE:** This permit becomes null and void if work or construction is not commenced within 180 days, or if construction or work is Suspended or abandoned for a period of 365 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to Violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT     DATE     SIGNATURE OF OWNER (IF OWNER BUILDER)     DATE  
DO NOT WRITE BELOW THIS LINE     DO NOT WRITE BELOW THIS LINE

VALUATION OF WORK	BUILDING PERMIT FEE _____ ZONING FEE _____	TOTAL FEE _____
SEPTIC PERMIT FEE	DRIVEWAY PERMIT FEE _____	
SEPTIC PERMIT #	TYPE OF CONSTRUCTION	OCCUPANCY GROUP
ZONING APPROVAL	SIZE OF BUILDING TOTAL SF _____ No. of Stories _____ Max Occ Load _____ USE ZONE _____	SET BACKS: FRONT _____ SIDE _____ SIDE _____ BACK _____
	SPECIAL APPROVAL	NOT REQUIRED _____ APPROVED _____
	WATER	
	SEWER	
	P&Z SIGNOFF	
SPECIAL CONDITIONS:	3 LAKES DESIGN REVIEW	
APPLICATION ACCEPTED BY	PLANS CHECKED BY	ISSUED BY
DATE	DATE	DATE
		APPLICATION #

