



### 5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	<b>PROPOSED USE:</b>		<b>INSTITUTIONAL</b>	<input type="checkbox"/> <b>OTHER (24)</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"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14)	PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM
<b>IMPROVEMENT TYPE:</b>		<input type="checkbox"/> BUSINESS (6)	<b>EDUCATIONAL</b>	<input type="checkbox"/> MERCANTILE (15)	
<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>FACTORY</b>	<input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8)	<b>RESIDENTIAL</b>	
		<input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)	<input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> BOCA TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> BOCA SINGLE FAMILY (21)	<b>STORAGE</b>	
			<input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)		

<b>Structural</b> (check that applicable) <b>Frame</b>	<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)	<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)

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>
<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/Shower		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Jrinals		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 Provisions:

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 Provisions:

Type of Heating Fuel:  
(Check One)

Gas (1)

Oil (2)

Electric (3)

Coal (4)

Wood (5)

Other (6)

Est. Start \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Est. Finish \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mechanical Work  
Est. Value \$ \_\_\_\_\_

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

Permit Type:

Description of Work:

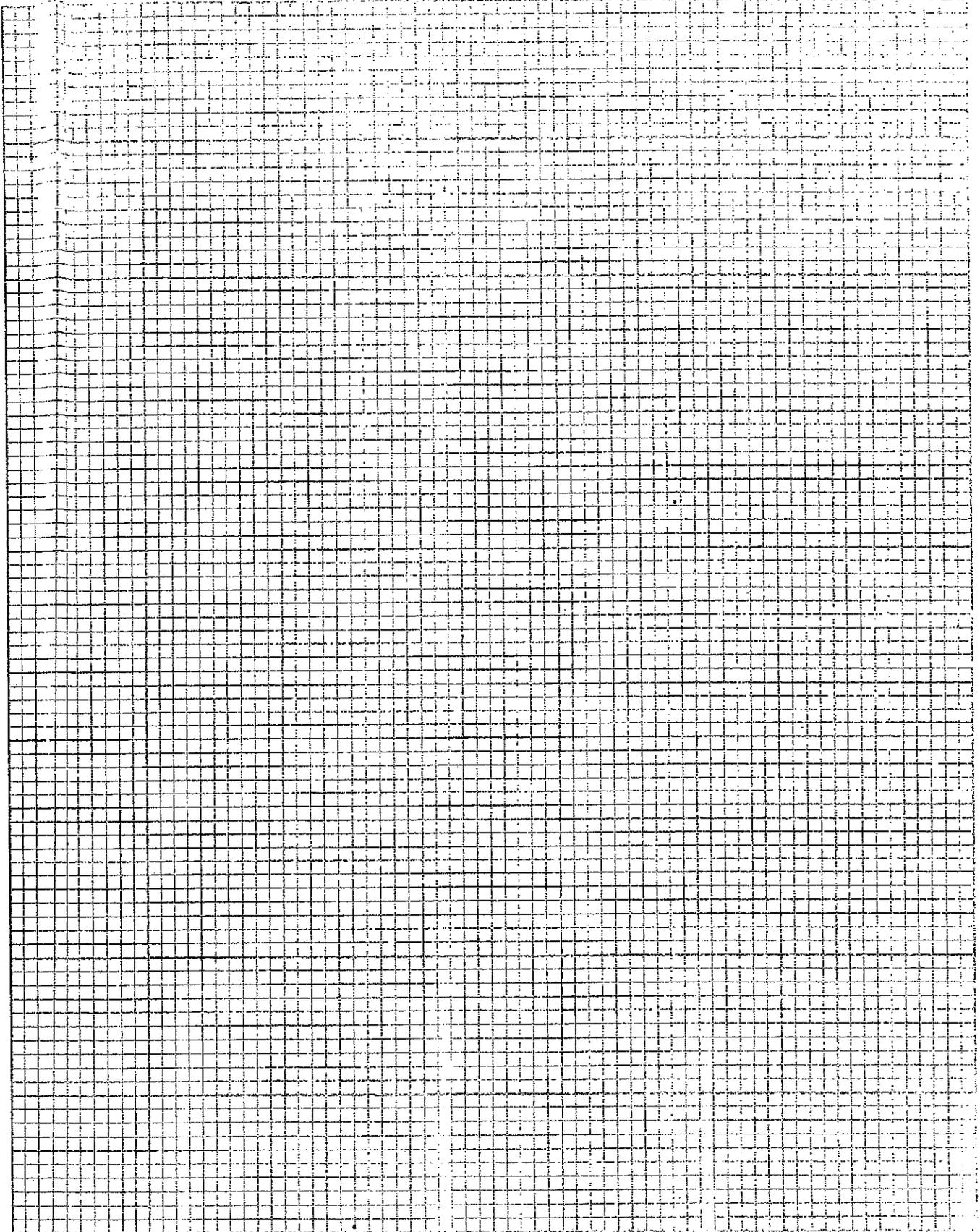
Est. Start \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Est. Finish \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Est. Value \$ \_\_\_\_\_

**10. SITE PLAN**

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



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

**Date 1**

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
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
<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
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

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

DRAWING TYPE	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. Drawings	<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
		Health and Sanitation	
		Water	
		Architectural Review	

**18. VALIDATION**

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

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

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