

APPLICATION FOR CITY BUILDING PERMIT

CONTRACT BUILDING PERMIT
APPLICATION ONLY



App Date	Type Permit: Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Other <input type="checkbox"/>
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1. CONTRACTOR INFORMATION

Business Owner Name	Business Name	Phone Number
Street Address	City	State
		Zip

Occupation :	State License Number
General Contractor	
Excavation	
Concrete/Masonry	
Electrical	
Plumbing	
Mechanical	
Roofing	
Drywall or Lathing	
Paving	
Fire Alarm/Sprinkler	

Building Permit \$2.00 for 1st \$1,000.00, \$1.00 for every
\$1,000.00 after Plus \$4.50 State Fee

Required License are a seperate application and fee

2. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work 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 building inspector 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 Date

Approved by Code Enforcement or Building official Date

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3. BUILDING PERMIT APPLICATION

Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>
New Construction	<input type="checkbox"/>
Addition	<input type="checkbox"/>
Remodel	<input type="checkbox"/>
Repair/Replacement	<input type="checkbox"/>
Demolition	<input type="checkbox"/>
Relocation	<input type="checkbox"/>
Foundation Only	<input type="checkbox"/>
Other	<input type="checkbox"/>

Other Description: _____

REQUIRED DATA	
Permit Fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the porfit for the work indicated on this application	
Valuation:	\$ _____
Initial cost for 1st \$1,000.00:	\$2.00
Every \$1,000.00 after initial:	\$1.00
State Fee:	\$4.50
Total amount	\$ _____

4. Property Information

PROPERTY OWNER <input type="checkbox"/>	TENANT <input type="checkbox"/>
Name: _____	
Address: _____	Phone: _____

5. Sub Contractor Information

Plumbing: <input type="checkbox"/>	Electrical: <input type="checkbox"/>	Mechanical <input type="checkbox"/>
Business Name: _____	Phone Number: _____	

Purpose of Sub: _____

Approved by Code Enforcement or Building Official

Date