Type or print clearly - Press down you are making several copies

ALL ITEMS WITH ASTERISK * AND IN BLACK MUST BE FILLED OUT

BUILDING PERMIT APPLICATION

"ALL UTILITY LINES MUST BE PLACED UNDERGROUND"

*Date of Application	Date Work Starts
*Scope of Work	
*Building Address	
*Assessors Parcel No.	
*Lot #	*Subd. Name & Number
*Total Property Area - Acres or Sq. Ft	*Total Bldg. Site Area Used
*Owner of Property	Phone
*Mailing Address	City
*Architect or Engineer	Phone
*General Contractor	Phone
*Business Address	* State Lic. No.
*E-Mail	
*Electrical Contractor	*State Lic. No.
E-mail	Phone
*Plumbing Contractor	*State Lic. No.
E-mail	Phone
*Mechanical Contractor	* State Lic. No.
E-mail	Phone
*Other	* State Lic. No.
E-mail	Phone

*Previous Usage of Land or Structure (Past 3 yrs.)

*Dwelling Units Now on Lot	*Accessory Bldgs. Now on Lot

*Type of Improvement/Kind of Const..

☐ Sign ☐ Build ☐ Remodel ☐ Addition
☐ Repair ☐ Move ☐ Convert Use ☐ Demolish

*No of off-street parking spaces Covered Uncovered

City Use Only — Minimum Setbacks in Feet

Front	Side	Side	Rear

Indicate Street if Corner Lot

Indicate North

Plot Plan

( ) Prop. Line ( ) Prop. Line

House or House & Garage if Attached

( ) Street

ZONE _____

NOTE: 24 hours notice is required for all inspections

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Receipt No.	Date Issued	Permit No.

BUILDING FEE SCHEDULE

Square Ft. of Building		Valuation		
☐ 2nd Level		Building Fee		
☐ Bonus		Plan Check Fee		
		Water Meter		
☐ Rough Basement		1% Surcharge		
☐ Finish Basement		Wtr Cap Imp Fee		
Carport sq. Ft.		Sewer Cap Imp Fee		
Garage sq. Ft.		Wtr Acq-In Imp Fee		
Type of Bldg.	Occ. Group	Wtr Acq-Out Imp Fee		
		Temp Wtr. Conn.		
No. of Bldgs.	R Value Walls / Roof	Park Imp. Fee		
		Safety Imp Fee		
No. of Stories	R / R	Garbage Can Fee		
		Irrig. Wtr. Assess.		
No of Bedrooms	No. of Dwellings	Electrical Fee		
		Moving or Demo.		
Type of Construction		Site Check		
☐ Frame ☐ Brick Vnr. ☐ Siding		S/W Insp. Fee		
☐ Brick ☐ Block ☐ Concrete				
☐ Steel ☐ Stucco ☐ Other				
Max Occ. Load				
Fire Sprinkler ☐ Yes ☐ No		Total		

Special Approval	Required	Received	Not Req.
Fire Dept.			
Zoning			
Other			

Comments: _____

Plan Chk. OK By

Signature of Approval — Date

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 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 and that I make this statement under penalty of perjury.

*Signature of Contractor or Authorized Agent — Date

*Signature of Owner (Required) — Date