BUILDING PERMIT APPLICATION

PLEASE PRINT LEGIBLY								
Project Name:							Zoning:	
Project Address:							Space #:	
Lot:		Block:		Addition:				
Owner:		Address:					Phone:	
Contractor:		**Address:**					**Phone:**	
Do you authorize release of builder contact information? ☐ **Yes** ☐ **No** **Print Signature:**								
Contact Person:		**Mobile Phone:**				**E-Mail:**		
Architect/Designer:		Address:					Phone:	
Engineer		Address:					Phone:	
Use of Building	☐ New	☐ Addition	☐ Alteration	☐ Repair for us to see	☐ Move	☐ Demolish		
	☐ Certificate of Occupancy Only			☐ Foundation Only	☐ Preliminary Review			
Type of Work:							Insulation Type:	
Describe Work:							Gas: Yes ☐ No ☐	
Valuation of Work (Commericial Only)				Permit Fee:			Square Footage:	

SUBCONTRACTORS

PLUMBING	Phone:
ELECTRICAL	Phone:
HVAC	Phone:
SIGN	Phone:
INSULATION	Phone:
FIRE PROTECTION (Sprinklers,etc.)	Phone:
ROOFING	Phone:
MOVING OR DEMO	Phone:
ELEVATOR	Phone:
POOL	Phone:
LANDSCAPING	Phone:

T.A.S Registration Number

Asbestos Survey

Certification

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law 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.

Print Name

Signature

Date