BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____
2. Name of Owner in Fee: _____ Tel. (____) _____
   Address _____
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date: _____
   Federal Employee No. _____ FAX (____) _____
5. Architect or Engineer: _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work: _____
   Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Mechanical			
6. Subtotal	$		
7. Plan Review			
8. Administrative Fee	$		
9. L & I Training Fee			
10. Subtotal	$		
11. Certificate of Occupancy			
12. Zoning			
13. TOTAL	$		

VI. BUILDING / SITE CHARACTERISTICS

	(office use only)
1. Number of Stories _____	
2. Height of Structure _____ ft.	
3. Area – Largest Floor _____ sq. ft.	
4. New Building Area _____ sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Construction Classification _____	
7. Total Land Area Disturbed _____ sq. ft.	
8. Flood Hazard Zone _____	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____	
no _____	
11. Max Live Load _____	
12. Max. Occupancy Load _____	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		Plans Received By	Date Received	Rejection Date	Approval Date	Reviewer	Resubmission Dates: Approval	Resubmission Dates: Rejection	Reviewer
1. ❑ Minor Work									
2. ❑ New Building									
3. ❑ Addition									
4. ❑ Alteration									
5. ❑ Fire Protection									
6. ❑ Plumbing									
7. ❑ Electrical									
8. ❑ Elevator Devices									
9. ❑ Asbestos Abatement									
10. ❑ Lead Hazard Abatement									
11. ❑ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ❑ Partial Releases
2. ❑ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ❑ Elevators / Escalators / Lifts Dumbwaiters / Moving Walks
2. ❑ High Pressure Boilers
3. ❑ Pressure Vessels
4. ❑ Refrigeration Systems
5. ❑ Cross-Connections / Backflow Preventers
6. ❑ Hazardous Uses / Places of Assembly
7. ❑ Sprinklers
8. ❑ Smoke Control Systems in Open Wells
9. ❑ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ❑ Hotels (R-1)
2. ❑ Multi-Family (R-2)
3. ❑ 1-2 Family (R-3)
4. ❑ Residential Care <17 (R-4)
5. ❑
6. ❑

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group. Indicate Former: