

NO. \_\_\_\_\_ STREET \_\_\_\_\_

## APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

**IMPORTANT** — Applicant to complete all items in sections: I, II, III, IV and IX.

<b>I. LOCATION OF BUILDING</b>	AT (LOCATION) _____ ZONING DISTRICT _____ (NO.) (STREET) BETWEEN _____ AND _____ (CROSS STREET) (CROSS STREET) SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____
--------------------------------	---

**II. TYPE AND COST OF BUILDING — All applicants complete Parts A – D**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily, residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p><b>B. OWNERSHIP</b></p> <p>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State or local government)</p>	<p><b>D. PROPOSED USE — For "Wrecking" most recent use</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">                     Residential                      12 <input type="checkbox"/> One family                      13 <input type="checkbox"/> Two or more family — Enter number of units -- &gt; _____                      14 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units -----&gt; _____                      15 <input type="checkbox"/> Garage                      16 <input type="checkbox"/> Carport                      17 <input type="checkbox"/> Other — Specify _____                      _____                      _____                 </td> <td style="width: 50%;">                     Nonresidential                      18 <input type="checkbox"/> Amusement, recreational                      19 <input type="checkbox"/> Church, other religious                      20 <input type="checkbox"/> Industrial                      21 <input type="checkbox"/> Parking garage                      22 <input type="checkbox"/> Service station, repair garage                      23 <input type="checkbox"/> Hospital, institutional                      24 <input type="checkbox"/> Office, bank, professional                      25 <input type="checkbox"/> Public utility                      26 <input type="checkbox"/> School, library, other educational                      27 <input type="checkbox"/> Stores, mercantile                      28 <input type="checkbox"/> Tanks, towers                      29 <input type="checkbox"/> Other — Specify _____                 </td> </tr> </table>	Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family — Enter number of units -- > _____ 14 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units -----> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other — Specify _____ _____ _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other — Specify _____
Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family — Enter number of units -- > _____ 14 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units -----> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other — Specify _____ _____ _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other — Specify _____		
<p><b>C. COST</b></p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical..... _____</p> <p>b. Plumbing..... _____</p> <p>c. Heating, air conditioning..... _____</p> <p>d. Other (elevator, etc.)..... _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ _____</p>	<p style="text-align: center;">(Omit cents)</p> <p><b>Nonresidential</b> — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p>		

**III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.**

<p><b>E. PRINCIPAL TYPE OF FRAME</b></p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other — Specify _____</p>	<p><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p><b>J. DIMENSIONS</b></p> <p>48 <input type="checkbox"/> Number of stories..... _____</p> <p>49 <input type="checkbox"/> Total square feet of floor area, all floors, based on exterior dimensions..... _____</p> <p>50 <input type="checkbox"/> Total land area, sq. ft..... _____</p>
<p><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other — Specify _____</p>	<p><b>H. TYPE OF WATER SUPPLY</b></p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p><b>K. NUMBER OF OFF-STREET PARKING SPACES</b></p> <p>51 <input type="checkbox"/> Enclosed..... _____</p> <p>52 <input type="checkbox"/> Outdoors..... _____</p>
<p><b>I. TYPE OF MECHANICAL</b></p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes    45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes    47 <input type="checkbox"/> No</p>	<p><b>L. RESIDENTIAL BUILDINGS ONLY</b></p> <p>53 Number of bedrooms..... _____</p> <p>54 Number of bathrooms } Full..... _____</p> <p style="margin-left: 100px;">} Partial..... _____</p>	



**IV. IDENTIFICATION — To be completed by all applicants**

Name		Mailing address - Number, street, city, and state	ZIP code	Tel. No.
1. Owner or Lessee				Phone #
2. Contractor			Builder's License No.	
3. Architect or Engineer				
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.				
Signature of applicant		Address	Application date	

**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD — For office use**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

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					WRECKING				
OTHER _____					OTHER _____				

**VIII. VALIDATION**

Building Permit Number _____ Building Permit issued _____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____	Approved by: _____  _____  TITLE	<p style="text-align: center;"><b>FOR DEPARTMENT USE ONLY</b></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
--	--	---

**VIII. ZONING PLAN EXAMINERS NOTES**

DISTRICT	
USE	
FRONT YARD	
SIDE YARD	SIDE YARD
REAR YARD	
NOTES	

**IX. SITE OR PLOT PLAN — *For Applicant Use***

**PLEASE SUPPLY TWO COPIES  
OF DESIGN / SKETCH /  
BROCHURE AND PLOT PLAN**

