

Date Received
 ____ / ____ / ____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

By: _____

NO. STREET

IMPORTANT — Applicants to Complete all items in sections: I, II, III, IV and IX.

I. LOCATION OF BUILDING	AT (LOCATION) _____	ZONING DISTRICT _____
	(No.) (STREET) _____ (MUNICIPALITY) _____	
	BETWEEN _____ AND _____	
	(CROSS STREET) _____ (CROSS STREET) _____	
	SUBDIVISION _____ LOT _____ BLOCK _____	LOT SIZE _____

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

<p>A. TYPE OF IMPROVEMENT</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>D. PROPOSED USE — For "Wrecking" most recent use</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family — Enter number of units - - - - -> _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units - - - - -> _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carports</p> <p>17 <input type="checkbox"/> Other — Specify _____</p> </td> <td style="width: 50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other — Specify _____</p> </td> </tr> </table>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family — Enter number of units - - - - -> _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units - - - - -> _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carports</p> <p>17 <input type="checkbox"/> Other — Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other — Specify _____</p>
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<p>B. OWNERSHIP</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>C. COST</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>(Omit cents)</p> <p>Nonresidential — 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> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</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>E. PRINCIPAL TYPE OF FRAME</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>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc)</p>	<p>J. DIMENSIONS</p> <p>48 Number of stories. _____</p> <p>49 Total square feet of floor area, all floors, based on exterior dimensions _____</p> <p>50 Total land area, sq. ft. _____</p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</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>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51 Enclosed. _____</p> <p>52 Outdoors. _____</p>	
	<p>I. TYPE OF MECHANICAL</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>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53 Number of bedrooms _____</p> <p>54 Number of bathrooms { Full _____ 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 Name			
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 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				
GRADINB					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VIII. VALIDATION

Building Permit number _____	<u>FOR DEPARTMENTAL USE ONLY</u>	
Building Permit issued _____	Use Group _____	
Building Permit Fee \$ _____	Fire Grading _____	
Certificate of Occupancy \$ _____	Live Loading _____	
Drain Tile \$ _____	Occupancy Load _____	
Plan Review Fee \$ _____	Approved by: _____	

	TITLE	

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

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