



Job Site Information

Property Address: _____
 Parcel I.D. #(s): **06-** _____
 Property Zoning: _____ Project Valuation: \$ _____
(must include fair market value of material & labor)

Contractor Information

Company Name: _____ Contractor License # _____
 Contact Person/Title: _____
 Mailing Address: _____
 Phone: _____ E-mail: _____
 Pre-1978: No Yes Lead Paint Certification #: _____

Owner Information

Company Name: _____
 Contact Person/Title: _____
 Mailing Address: _____
 Phone: _____ E-mail: _____

Work Description *(Describe in detail the proposed building type, and scope of work.)*

Property Use <input type="checkbox"/> 1 Family Residential <input type="checkbox"/> 2 Family Residential <input type="checkbox"/> Multi Fam. Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional/Public	Type of Structure <input type="checkbox"/> Principal Building <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Deck <input type="checkbox"/> Fence <input type="checkbox"/> Other _____	Type of Work <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Maintenance/Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____ If This is a New Manufactured Home with a TITLE then A Duplicate Title must be submitted
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Misc Information Number of Units _____ Number of Buildings _____	Size of Structure <input type="checkbox"/> NA Number of Stories _____ Total Square Footage _____ Height _____ Length _____ Width _____	BUILDING PERMIT FEES Building Permit Fee (City) \$ _____ State Surcharge \$ _____ Plan Check Fee \$ _____ Total Fee \$ _____ DATE PAID _____ 20____
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THE OWNER OF THIS BUILDING AND THE BELOW SIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION:

Owner Signature _____ Date _____ Applicant/Contractor Signature _____ Date _____

PERMIT NUMBER: _____ NAME: _____