



Date _____
Tracking Number _____

BUILDING PERMIT APPLICATION

MASTER APPLICATION

Property Address: _____ Apt./Ste. Number: _____

Type of Building:

Residential (Single Family)	Residential (Two Family)	Residential (Half of Party Wall Double)	Residential (Accessory Use)
Commercial (Multi-Family)	Commercial (Business Use)	Commercial (Mixed Use)	Commercial (Accessory Use)

APPLICANT INFORMATION

Applicant Identity: Owner Lessee Contractor Architect Engineer

Mark all that apply Other

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

SCOPE OF WORK/PROPOSAL

Description of proposed work (Please include thorough details or provide attachments.)

- | | | |
|---------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the exterior of the building be altered in any way? | Yes | No |
| Was this structure built before 1978?
If yes, Supplement G "Lead Based Paint Removal Form" is required. | Yes | No |
| Will any electrical work be done under this scope of work? | Yes | No |
| Will any A/C or gas line work be done under this scope of work? | Yes | No |
| Will signage be affected (altered, added, changed)?
If yes, Supplement H "Sign Permit Application" is required. | Yes | No |
| Is this application for a Federal Housing Unit? | Yes | No |

Estimate cost/value of proposed work \$ _____ ***Attach quote, contract, or other documentation of estimate.**

Area of existing structure _____ ft² Area affected _____ ft² New Area added _____ ft² Number of Floors _____

Foundation Type: Slab Pier Sprinklers: Yes No Building Condition: Good Average Not applicable

Existing Use _____ Proposed Use _____

BUILDING INFORMATION

ICC Construction Type:
Not Applicable
Site Built
Modular
Manufactured

	Number of Existing Meters	Number of New Meters
Electrical Meters		
Gas Meters		

