



|                       |
|-----------------------|
| Date _____            |
| Tracking Number _____ |

## BUILDING PERMIT APPLICATION

## MASTER APPLICATION

Property Address: \_\_\_\_\_ Apt./Ste. Number: \_\_\_\_\_

|                   |                                |                              |  |                                |
|-------------------|--------------------------------|------------------------------|--|--------------------------------|
| Type of Building: | Residential<br>(Single Family) | Residential<br>(Two Family)  | Residential<br>(Half of Party Wall Double) | Residential<br>(Accessory Use) |
|                   | Commercial<br>(Multi-Family)   | Commercial<br>(Business Use) | Commercial<br>(Mixed Use)                  | Commercial<br>(Accessory Use)  |

### APPLICANT INFORMATION

Applicant Identity: \_\_\_\_\_  
Mark all that apply      Owner      Lessee      Contractor      Architect      Engineer  
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?<br><b>If yes, Supplement G "Lead Based Paint Removal Form" is required.</b>         | Yes | No |
| Is the footprint of the buildings on the site where work will be performed greater than 5,000 sq ft?                      | Yes | No |
| Is the total area of the site where you will be working greater than 1 acre?  | Yes | No |
| Will this project have a total square footage of more the 40,000 sq ft?   | 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)?<br><b>If yes, Supplement H "Sign Permit Application" is required.</b> | 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 \_\_\_\_\_ ft<sup>2</sup>    Area affected \_\_\_\_\_ ft<sup>2</sup>    New Area added \_\_\_\_\_ ft<sup>2</sup>    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        |                           |                      |

