

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

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|--------------------------------|---|
| I. LOCATION OF BUILDING | AT (LOCATION) _____ ZONING _____ DISTRICT _____ BETWEEN _____ AND _____ (CROSS STREET) (CROSS STREET) SUBDIVISION _____ LOT _____ BLOCK _____ LOT _____ SIZE _____ |
|--------------------------------|---|

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

| | | | |
|---|---|--|---|
| A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any in part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only | D. PROPOSED USE – For “Wrecking” most recent use. <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-----> _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number 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 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 _____ _____ |
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| B. OWNERSHIP 8 <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government) | | | |

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|--|--|---|
| C. COST 10. Cost of improvement... To be installed but not included in the above cost. a. Electrical..... b. Plumbing..... c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT | (Omit cents) \$ _____ _____ _____ _____ _____ \$ _____ | 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. _____ _____ _____ |
|--|--|---|

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.

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

| IV. IDENTIFICATION – To be completed by all applicants | | | | | |
|---|--|---|---------|--------------------------|------------------|
| Name | | Mailing address – Number, street, city, and State | | ZIP code | Tel. No. |
| 1. Owner or Lessee | | | | | |
| | | | | | |
| 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 Obatined | Number | By | Permit or Approval | Check | Date Obatined | 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 _____ | | | | |

| VII. VALIDATION | |
|--|--|
| Building Permit number _____ Building Permit Issued _____ 20_____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____ Approved by: _____ _____ Title | <u>FOR DEPARTMENT USE ONLY</u> 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