

PROPERTY INFORMATION									
SITE ADDRESS <u>OR</u> SUBDIVISION, LOT AND BLOCK						SUITE		DATE	
LOT _____ BLOCK _____									
<u>OR</u> PROPERTY I.D. . (PIN) NO.				PROPERTY OWNER / TENANT					
APPLICANT INFORMATION									
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other				COMPANY NAME					
APPLICANT'S NAME				COMPANY ADDRESS					
EMAIL ADDRESS				CITY			STATE	ZIP	
PHONE NUMBER				LEAD FIRM CERT # If constructed prior to 1978. If none see supplemental form				STATE LIC #	
ARCHITECT / ENGINEER									
COMPANY NAME				CONTACT PERSON					
PHONE				FAX / E-MAIL					
USE TYPE					CONSTRUCTION CATEGORY				
<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Residential					<input type="checkbox"/> Church <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Public				
<input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> New Construction					<input type="checkbox"/> Multi-Fam <input type="checkbox"/> Single Fam Det. <input type="checkbox"/> Townhouse <input type="checkbox"/> Two Family				
DESCRIPTION OF WORK									
<input type="checkbox"/> Accessory Structure		<input type="checkbox"/> Footing/Foundation		<input type="checkbox"/> Replace/Repair		<input type="checkbox"/> Garage <input type="checkbox"/> Shed <input type="checkbox"/> Pool <input type="checkbox"/> Moving			
<input type="checkbox"/> Deck		<input type="checkbox"/> Other		<input type="checkbox"/> Windows		DETAILED DESCRIPTION OF WORK:			
<input type="checkbox"/> Demolition		<input type="checkbox"/> Reroof							
<input type="checkbox"/> Fence/Retain Wall		<input type="checkbox"/> Reside							
						Project Valuation \$			
BUILDING INFORMATION									
Proposed sq ft: _____			Number of dwelling units: _____			Sprinkled per NFPA _____			
Applicant: Please read and sign below									
I hereby certify that I have read and examined this document and know the same to be true and correct. I understand and agree that the work for which the permit is issued shall be performed according to the State Building Code and applicable city approvals, ordinances and codes. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that the work shall not begin until permit is issued, that I am responsible for calling for all required inspections, that work shall be accessible for the inspection, that a final inspection approval and Certificate of Occupancy are required prior to occupying the building. This permit shall become invalid unless the work authorized is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days.									
<b>*Separate permits are required for Plumbing, Mechanical and Electrical work*</b>									
APPLICANT'S SIGNATURE							DATE		
OFFICE USE ONLY									
Permit remarks:							PERMIT FEE: \$ _____  PLAN CHECK FEE: _____  SURCHARGE: _____  MCES SAC: _____  SREC: _____  WREC: _____  OTHER: _____  REDUCED PLAN CHECK: _____          <b>TOTAL FEE: \$</b> _____		
CODE EDITION	<input type="checkbox"/> Footing <input type="checkbox"/> Lath <input type="checkbox"/> Special Insp. Rep			A FILE #					
	<input type="checkbox"/> Foundation <input type="checkbox"/> Fire Assembly <input type="checkbox"/> Erosion Control								
CONST. TYPE	<input type="checkbox"/> Pre Backfill <input type="checkbox"/> As-Built Survey <input type="checkbox"/> Henn. Co Health			TREE DEPOSIT ONE _____ TWO _____ TOTAL:					
	<input type="checkbox"/> Slab <input type="checkbox"/> Final <input type="checkbox"/> Tree Pres.								
OCCUPANCY/GROUP	<input type="checkbox"/> Framing <input type="checkbox"/> Other		Other Reviews or N/A		PLANNING SIGNATURE:				
	<input type="checkbox"/> Insulation		MCES SAC _____ <input type="checkbox"/>						
BUILDING SIGNATURE / DATE			Fire Division _____ <input type="checkbox"/>		DATE:				
			Planning Division _____ <input type="checkbox"/>						