



**SINGLE FAMILY DWELLINGS AND STRUCTURE
BUILDING PERMIT APPLICATION**

Date: _____

Site Address: _____

Construction Cost: _____

Applicants Signature: _____

Permit Number BD- _____ - _____
Permit Fee: _____
Receipt No: _____
Date Issued: _____

Code Enforcement Officer

PLEASE PRINT OR TYPE ALL INFORMATION AND COMPLETE ALL ITEMS

The Applicant is: Owner Contractor Other _____

Property Owner: Name: _____
Address: _____
State: _____ Zip: _____ Telephone No: _____

Contractor Name: Name: _____
Address: _____
State: _____ Zip: _____ Telephone No: _____

Class of Work: New Construction Addition Alteration
 Demolition Repair Other _____

If Repair: Re-Roof Reside Other _____

Addition/Remodel: Room Garage Deck Porch Pool
 Finish Basement Room Garage Deck Porch
 Driveway Foundation Ramp Pool
 Roofing Siding Shed Other _____

Number of Units: _____

Number of Stories: _____

Mark One in Each Section:

Construction: Wood Masonry Prefab Concrete Metal

Exterior Wall: Wood Masonry Vinyl Other _____

Foundation: Wood Block Slab Other: _____

Indicate Number of:

½ Baths _____ Bedrooms _____

¾ Baths _____ Fireplaces _____

Full Baths _____ Family Rooms _____

Indicate Square Footage for each of the following:

1st Floor _____ Basement _____

2nd Floor _____ Garage _____

Porch _____ Deck _____

Swimming Pool _____ Other _____

Type of Garage: Attached Detached Garage Under

Type of Basement: Finished Partially Finished Unfinished

If Swimming Pool: Enclosed Above Ground In Ground

REMARKS: (Explain items checked OTHER; further describe the work) _____

I HEREBY APPLY FOR A BUILDING PERMIT, AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; THAT I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT ISSUED SHALL BE PERFORMED ACCORDING TO: (1) THE CONDITIONS OF THE PERMIT; (2) THE APPROVED PLANS AND SPECIFICATIONS; (3) THE APPLICABLE CITY APPROVALS, ORDINANCES, AND CODES.

I UNDERSTAND THAT THE PERMIT WILL EXPIRE, AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND THAT I AM RESPONSIBLE FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED.

Applicant's Signature _____

Date: _____