



BUILDING PERMIT APPLICATION

PERMIT NUMBER:		
JOB ADDRESS		LOT#
OWNER	MAIL ADDRESS	PHONE
GENERAL CONTRACTOR	ADDRESS	PHONE VALUATION
ELECTRICAL CONTRACTOR	ADDRESS	PHONE VALUATION
MECHANICAL CONTRACTOR	ADDRESS	PHONE VALUATION
PLUMBING CONTRACTOR	ADDRESS	PHONE VALUATION
OTHER CONTRACTOR	ADDRESS	PHONE VALUATION
DESCRIBE WORK:	SQUARE FOOTAGE:	# BEDROOMS:
	FINISHED:	_____
	UNFINISHED:	# BATHROOMS
	GARAGE:	
TOTAL VALUATION OF WORK: LABOR: \$ MATERIAL: \$		
<p>NOTICE:</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT INSPECTED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. NO PERMIT SHALL BE VALID FOR MORE THAN ONE (1) YEAR FROM DATE OF ISSUANCE. SECTION 10-61.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS PERMIT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF THIS PERMIT DOES NOT PRESUME OR GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>		
Select Applicant: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OWNER <input type="checkbox"/> ARCHITECT		
CONTACT PERSON:(PRINT)	PHONE#	E-Mail Address
SIGNATURE:	DATE:	TOTAL FEE DUE: