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| Permit No: |
| Receipt No: |

INSPECTIONS DEPARTMENT

RESIDENTIAL PERMIT APPLICATION

(DOES NOT INCLUDE PLUMBING, ELECTRICAL, OR MECHANICAL PERMITS)

PROJECT INFORMATION

| | |
|--|-----------------|
| Property Address: | |
| Property Owner: | Contact Person: |
| Company: | Phone Number: |
| Contractor License No: | Email: |
| Property Use: <input type="checkbox"/> Single Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Townhouse/Rowhouse | |

DESCRIPTION OF WORK (check all that apply)

| | | |
|---|--|-----------|
| Construction Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel/ Addition Describe work being done _____ Bid Estimate of Remodel/Addition: \$ _____ | New 1 & 2 Family Dwellings Only | |
| | Square Footage | Valuation |
| | Main Floor | X = |
| | 2 nd Floor | X = |
| Foundation Type: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Crawl Space <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement | Foundation built out of: | |
| | <input type="checkbox"/> Concrete | X = |
| | <input type="checkbox"/> Masonry | X = |
| | <input type="checkbox"/> Piers | X = |
| | Det Garage | X = |
| Roofing Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Other (explain) _____ | Att Garage | X = |
| | Deck | X = |
| | Foundation | X = |
| | TOTAL VALUATION = | |

Please sign here _____ date _____ complete plot plan of lot on back.

Office Use Only

| | | | |
|--|--------------------------|------------|------------|
| Legal Description: | | | |
| | Lot Coverage - Existing: | Proposed: | Total: |
| Property No: | Zoning: | Type: | Use Group: |
| PERMIT FEE \$ _____ X _____ = \$ _____ | | | |
| EXCAVATION | | = \$ _____ | |
| SEWER/WATER HOOK UP | | = \$ _____ | |
| ADMINISTRATIVE FEE/OTHER | | = \$ _____ | |
| PLAN REVIEW | | = \$ _____ | |
| TOTAL FEE | | = \$ _____ | |

| | |
|--------------|-------|
| Reviewed By: | Date: |
|--------------|-------|

