| BLOCK | LOT | QUALIFICATION CODE | ADDRESS (SITE) | PERMIT NO. |
|-------|-----|--------------------|----------------|------------|
| | | | | |

V. FEE SUMMARY (for office use only)

11.

□ LPGas Tanks

1. Building

Update

Update



CONSTRUCTION PERMIT

3. Pressure Vessels

2. Electrical **APPLICATION** 3. Plumbing 4. Fire Protection Applicant Completes: Sections I, II, III (optional), IV, VI, and VII Elevator Devices 6. Subtotal I. IDENTIFICATION 7. Less 20% for State Plan Review \$ 1. Proposed Work Site at: 8 Subtotal 2. Name of Owner in Fee: 9. State Permit Surcharge Fee 10. Subtotal Tel. (_____) _____ e-mail ____ 11. Cert. of Occupancy 12. Other 3. Ownership in Fee: Public _____ Private ____ 13. TOTAL 4. Principal Contractor: ______ Tel. (_____) ____ VI. BUILDING/SITE CHARACTERISTICS Number of Stories _____ Address _____ ______ e-mail ______ 2. Height of Structure _____ ft. 3. Area — Largest Floor ______ sq. ft. License No. OR, if new home, Builder Reg. No. ______ Exp. Date _____ 4. New Building Area ______sg. ft. Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 5. Volume of New Structure cu. ft. 6. Max. Live Load Federal Emp. ID No. _____ FAX: (_____) ____ 7. Max. Occupancy Load _____ 5. Architect or Engineer Contact 8. If Industrialized Building: State Approved _____ HUD ____ Address _______e-mail ______ 9. Total Land Area Disturbed ______ sq. ft. Tel. (_____) _____ FAX: (____) ____ 10. Flood Hazard Zone 6. Responsible Person in Charge once Work has Begun 11. Base Flood Elevation ft. Tel. (_____) _____ FAX: (_____) ____ 12. Wetlands yes _____ IIa.PROPOSED WORK VII. DESCRIPTION OF BUILDING USE ☐ Minor Work ☐ New Building Addition Demolition A. RESIDENTIAL (primary use) 1. State Specific Use: Repair Alteration ☐ Renovation Reconstruction 2. Use Group, Proposed: _____ ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit 3. Change in Use Group, Indicate Present: FOR OFFICE USE ONLY (Optional) IIb. SUBCODES 4. No. of dwelling units: Total Units Income-restricted Approval Re-Plans Date Rejection Re-Resubmission Dates Est. Cost (Check all that apply) viewer Rec'd by Rec'd Date Date viewer Approval Rejection Gained, Sale ☐ Building Gained, Rental Lost, Sale Electrical Lost. Rental B. NON-RESIDENTIAL (primary use) Plumbing 1. State Specific Use: Fire Protection 2. Use Group, Proposed: _____ 3. Change in Use Group, Indicate Present: Elevator C. MIXED USE -List secondary use(s): TOTAL COST D. Construct. Classification: Present Proposed _ III. PLAN REVIEW (optional) IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? DO YOU WANT 1. ☐ Elevators/Escalators/Lifts/ 4. Refrigeration Systems 8.

Smoke Control Systems in Open Wells 5. Cross-Connections/Backflow Preventers **Dumbwaiters/Moving Walks** 9. Underground Storage Tanks 1.

Partial Releases 2. High Pressure Boilers 6. ☐ Hazardous Uses/Places of Assembly 10. Swimming Pools, Spas and Hot Tubs

7. ☐ Sprinklers

2.

Prototype Processing