BUILDING PERMIT APPLICATION FORM

NEW COMMERCIAL CONSTRUCTION

(PLAN REVIEW REQUIRED)

CONTRACTOR NAME: ____________________________

ADDRESS: ____________________________ PHONE #: ____________________________

OWNER NAME: ____________________________

ADDRESS: ____________________________ PHONE #: ____________________________

TYPE JOB: ____________________________ PROPOSED USE: ____________________________

DIRECTIONS TO JOB OFF U.S. HIGHWAY (29, 40, 41, 57 or 58):

BUILDING SIZE: _______ W _______ L

2ND STORY _______ W _______ L TOTAL SQUARE FEET: _______ COST OF STRUCTURAL: _______

HEALTH DEPT. PERMIT #: 171- _______ PUBLIC WATER ____ PUBLIC SEWER ____

COST OF TOTAL JOB (ESTIMATED): _______

NAME AND/OR CONTRACTOR'S # OF ELECTRICIAN: ____________________________

NAME AND/OR CONTRACTOR'S # OF PLUMBER: ____________________________

NAME AND/OR CONTRACTOR'S # OF HEATING & AIR CONTRACTOR: ____________________________

FLOOR JOIST SIZE: _______ RAFTER SIZE OR TRUSSES: _______

NO: OF AMPS: _______ PHASE: _______ VOLTS: _______ COST OF ELEC: _______

NO. OF BATHROOMS: _______ NO: OF PLB. FIXTURES: _______ COST OF PLUMBING: _______ NO: OF BEDROOMS: _______

FIREPLACE: _______ TYPE OF HEAT: _______ COST OF HEAT: _______ A/C _______ COST OF A/C: _______

DISTANCE OFF ALL PROPERTY LINES & OTHER STRUCTURES: PLEASE DRAW ON SEPARATE SHEET

NAME OF APPLICANT: ____________________________ PHONE #: ____________________________

EMAIL ADDRESS: ____________________________ CHECK IN MAIL: ____ PICK UP & PAY ____

SIGNATURE OF APPLICANT: ____________________________