

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: _____