BUILDING PERMIT APPLICATION

I. OWNER'S NAME: ____________________________________________

II. TYPE AND COST OF BUILDING - All applicants complete Parts A-D
A. TYPE OF IMPROVEMENT
   : New Building
   : Addition (if residential, enter # of new housing units added, if any, in part B)
   : Alteration (see 2 above)
   : Repair; Replacement
   : Wrecking (If multifamily residential, enter # of units in building in Part B)
   : Moving (Relocation)
   : Foundation Only

B. PROPOSED USE - For "Wrecking" most recent use
   NONRESIDENTIAL
   : Amusement; Recreational
   : Church; Other Religious
   : Parking Garage
   : Service Station; Repair Garage
   : Hospital; Institutional
   : Office; Bank; Professional
   : Public Utility
   : School; Library; Other Educational
   : Stores; Merchantile
   : Other

C. COST
   Cost of Improvement $ __________________________
   To be installed but not included in the above cost
   a. Electrical $ __________________________
   b. Plumbing $ __________________________
   c. Heating/Air Conditioning $ __________________________
   d. Other (Elevator, etc) $ __________________________
   TOTAL COST OF IMPROVEMENT $ __________________________

D. SUB-CONTRACTORS: Please give names of following:
   Electrical____________________________________________________
   Plumbing____________________________________________________
   Heating____________________________________________________
   Air Conditioning____________________________________________
   Painting____________________________________________________
   Roofing____________________________________________________
   Flooring____________________________________________________
   Other_____________________________________________________

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E-K
E. PRINCIPAL TYPE OF FRAME
   : Masonry (wall bearing)
   : Wood Frame
   : Structural Steel
   : Reinforced Concrete
   : Other- Specify ______________________

F. PRINCIPAL TYPE OF HEATING FUEL
   : Gas
   : Oil
   : Electricity
   : Other ______________________

G. TYPE OF SEWAGE DISPOSAL
   : Sanitary Sewer
   : Septic Tank

H. TYPE OF MECHANICAL
   : Will there be central air conditioning? __________

I. DIMENSIONS
   a. Number of Stories
   b. Total Square Feet of Living Area
   c. Square Feet of Non-living Area
   d. Total Land Area (sq. ft.)
   e. Number of off-street parking places
      Enclosed __________  Outdoors __________

K. RESIDENTIAL BUILDINGS ONLY: Number Bedrooms ________ Number Bathrooms ________ Total Number of Rooms ________

HEALTH DEPT. PERMIT NUMBER ______________________

INSPECTIONS REQUIRED:
FOOTINGS (Before concrete is poured)
ROUGH FRAMING
FINAL INSPECTION

IV. IDENTIFICATION -- To be completed by all applicants
CONTRACTOR: ____________________________________ PHONE

ADDRESS: ____________________________________________

: OWNERSHIP: Private (Individual, Corporation, Nonprofit Institution, etc) PERMIT FEE
: PUBLIC (Federal, State, or Local Government) 1/8 OF 1% LICENSE FEE

TOTAL FEE $ __________________________

I hereby certify that I have read this application and that all information contained herein is true and correct. That, I agree to comply with all city ordinances and state laws regulating building construction. That, I am the owner or authorized to act as the owner's agent for the herein described work; and that, the total contract or valuation is:

$ __________________________ NAME OF COMPANY __________________________

DATE ______________________ SIGNATURE __________________________