

# CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

**I. IDENTIFICATION**

1. Proposed Work Site at: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

2. Name of Owner in Fee: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

4. Principal Contractor: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Federal Employee No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_

6. Responsible Person in Charge of Work \_\_\_\_\_  
 Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

**II. PROPOSED WORK**

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Approval	Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical									
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat.									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
<b>TOTAL COSTS</b>									

**III. DO YOU WANT:** (optional)

1.  Partial Releases

2.  Prototype Processing

**IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

1.  Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks

2.  High Pressure Boilers

3.  Pressure Vessels

4.  Refrigeration Systems

5.  Cross-Connections/Backflow Preventers

6.  Hazardous Uses/Places of Assembly

7.  Sprinklers

8.  Smoke Control Systems in Open Wells

9.  Underground Storage Tanks

OPTIONAL (for office use only)

**V. FEE SUMMARY (for office use only)**

	Update	Update
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Fire Protection	\$ _____	
5. Mechanical	\$ _____	
6. Subtotal	\$ _____	
7. Plan Review	\$ _____	
8. Administrative Fee	\$ _____	
9. L & I Training Fee	\$ _____	
10. Subtotal	\$ _____	
11. Cert. of Occupancy	\$ _____	
12. Other	\$ _____	
13. TOTAL	\$ _____	

**VI. BUILDING/SITE CHARACTERISTICS**

1. Number of Stories \_\_\_\_\_

2. Height of Structure \_\_\_\_\_ ft.

3. Area — Largest Floor \_\_\_\_\_ sq. ft.

4. New Building Area \_\_\_\_\_ sq. ft.

5. Volume of New Structure \_\_\_\_\_ cu. ft.

6. Construction Classification \_\_\_\_\_

7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.

8. Flood Hazard Zone \_\_\_\_\_

9. Base Flood Elevation \_\_\_\_\_ ft.

10. Wetlands: yes \_\_\_\_\_ no \_\_\_\_\_

11. Max. Live Load \_\_\_\_\_

12. Max. Occupancy Load \_\_\_\_\_

(office use only)

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL**

1.  Hotels (R-1)

2.  Multi-Family (R-2)

3.  1-2 Family/R-3

4.  Residential Care <17 (R4)

5.

6.

No. of dwelling units: \_\_\_\_\_

Before Construction \_\_\_\_\_

After Construction \_\_\_\_\_

Net Gain or Loss \_\_\_\_\_

**B. NON-RESIDENTIAL**

1. State Specific Use: \_\_\_\_\_

2. Use Group: \_\_\_\_\_

3. Change in Use Group, Indicate Former: \_\_\_\_\_