

# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E) <input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Mechanical (M) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
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## 1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)	

## 2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State    Zip

## 3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

## 4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE NO.

No. Street

### 5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	<b>PROPOSED USE:</b>		<b>INSTITUTIONAL</b>	<input type="checkbox"/> <b>OTHER (24)</b>
Plan Number		<b>ASSEMBLY</b>	<input type="checkbox"/> GROUP HOME (12)	PARKING GARAGE	
<b>IMPROVEMENT TYPE:</b>		<input type="checkbox"/> THEATRE (1)	<input type="checkbox"/> HOSPITAL (13)	CARPORT	
<input type="checkbox"/> NEW CONSTRUCTION (1)		<input type="checkbox"/> NIGHT CLUB (2)	<input type="checkbox"/> JAIL (14)	MOTOR FUEL SERV.	
<input type="checkbox"/> ADDITION (2)		<input type="checkbox"/> RESTAURANT (3)	<input type="checkbox"/> MERCANTILE (15)	REPAIR GARAGE	
<input type="checkbox"/> ALTERATION (3)		<input type="checkbox"/> CHURCH (4)	<b>RESIDENTIAL</b>	PUBLIC UTILITY	
<input type="checkbox"/> REPAIR / REPLACEMENT (4)		<input type="checkbox"/> OTHER ASSEMBLY (5)	<input type="checkbox"/> HOTEL, MOTEL (16)	HPM	
<input type="checkbox"/> DEMOLITION (5)		<input type="checkbox"/> BUSINESS (6)	<input type="checkbox"/> MULTI-FAMILY (17)	_____	
<input type="checkbox"/> RELOCATION (6)		<b>EDUCATIONAL</b>	<input type="checkbox"/> BOCA TWO FAMILY (18)	_____	
<input type="checkbox"/> FOUNDATION ONLY (7)		<input type="checkbox"/> (GRADES 1-12) (7)	<input type="checkbox"/> CABO TWO FAMILY (19)	_____	
<input type="checkbox"/> CHANGE OF USE ONLY (8)		<input type="checkbox"/> DAY CARE FACILITY (8)	<input type="checkbox"/> BOCA SINGLE FAMILY (20)	_____	
		<b>FACTORY</b>	<input type="checkbox"/> CABO SINGLE FAMILY (21)	_____	
		<input type="checkbox"/> MODERATE HAZARD (9)	<b>STORAGE</b>	_____	
		<input type="checkbox"/> LOW HAZARD (10)	<input type="checkbox"/> MODERATE HAZARD (22)	_____	
		<input type="checkbox"/> HIGH HAZARD (11)	<input type="checkbox"/> LOW HAZARD (23)	_____	
<b>Structural</b> (check that applicable) <b>Frame</b>			<b>Exterior</b> (Check those applicable) <b>Walls</b>		
<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____			<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____		
<input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)    _____			<input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)    _____		
Are any <b>structural assemblies</b> fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Street Frontage (Feet)		Stories (Number)		Lot Area (Sq. feet)	
Front Setback (Feet)		Bed Rooms (Number)		Building Area (Sq. feet)	
Rear Setback (Feet)		Full Baths (Number)		Parking Area (Sq. feet)	
Left Setback (Feet)		Partial Baths (Number)		Living Area (Sq. feet)	
Right Setback (Feet)		Garages (Number)		Basement Area (Sq. feet)	
Height Above Grade (Feet)		Windows (Number)		Garage Area (Sq. feet)	
New Residential Units (Number)		Fireplaces (Number)		Office/Sales (Sq. feet)	
Existing Residential Units (Number)		Enclosed Parking (Number)		Service (Sq. feet)	
Elevators / Escalator (Number)		Outside Parking (Number)		Manufacturing (Sq. feet)	
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____		Building Est. Value \$	

### 6. ELECTRICAL PERMIT APPLICATION

Electrical Work  Yes  No

Total Service _____ AMPS		Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE			Number of Service Outlets: _____ 110V _____ 220V		
<b>POWER DEVICES</b>		<b>No.</b>	<b>OUTPUT/LOAD</b>	<b>POWER DEVICES</b>		<b>No.</b>	<b>OUTPUT/LOAD</b>
1			7				
2			8				
3			9				
4			10				
5							
6				Total Number of Motors			
Utility Service Revisions:							
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____			Electrical Work Est. Value \$		

**7. PLUMBING PERMIT APPLICATION**

Plumbing Work  Yes  No

Enter the Number of Fixtures Being Installed, Replaced or Repaired			
Tubs/showers		Drinking Fountains	Back Flow Preventers
Shower Stalls		Floor Drains	Water Pumps
Lavatories		Water Heaters	Roof Openings
Toilets		Water Softeners	Parking Lot Drains
Urinals		Sewage Ejectors	Inside Downspouts
Sinks		Sump Pumps	Swimming Pools
Laundry Tubs		Grease Traps	Standpipes (Y/N) (Number Hose Outlets)
Dishwashers		Bidets	Fire Sprinklers (Y/N) (Number of Heads)
Garbage Disposals			Lawn Sprinklers (Y/N) (Number of Heads)
			Total Fixtures
Public Water (Y/N)		Public Sewer (Y/N)	
Water Service Size _____ IN.		Water Meter Size _____ IN.	Avg. Daily Water Use _____ GPD
Utility Service Revisions:			
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____	Plumbing Work Est. Value \$

**8. MECHANICAL PERMIT APPLICATION**

Mechanical Work  Yes  No

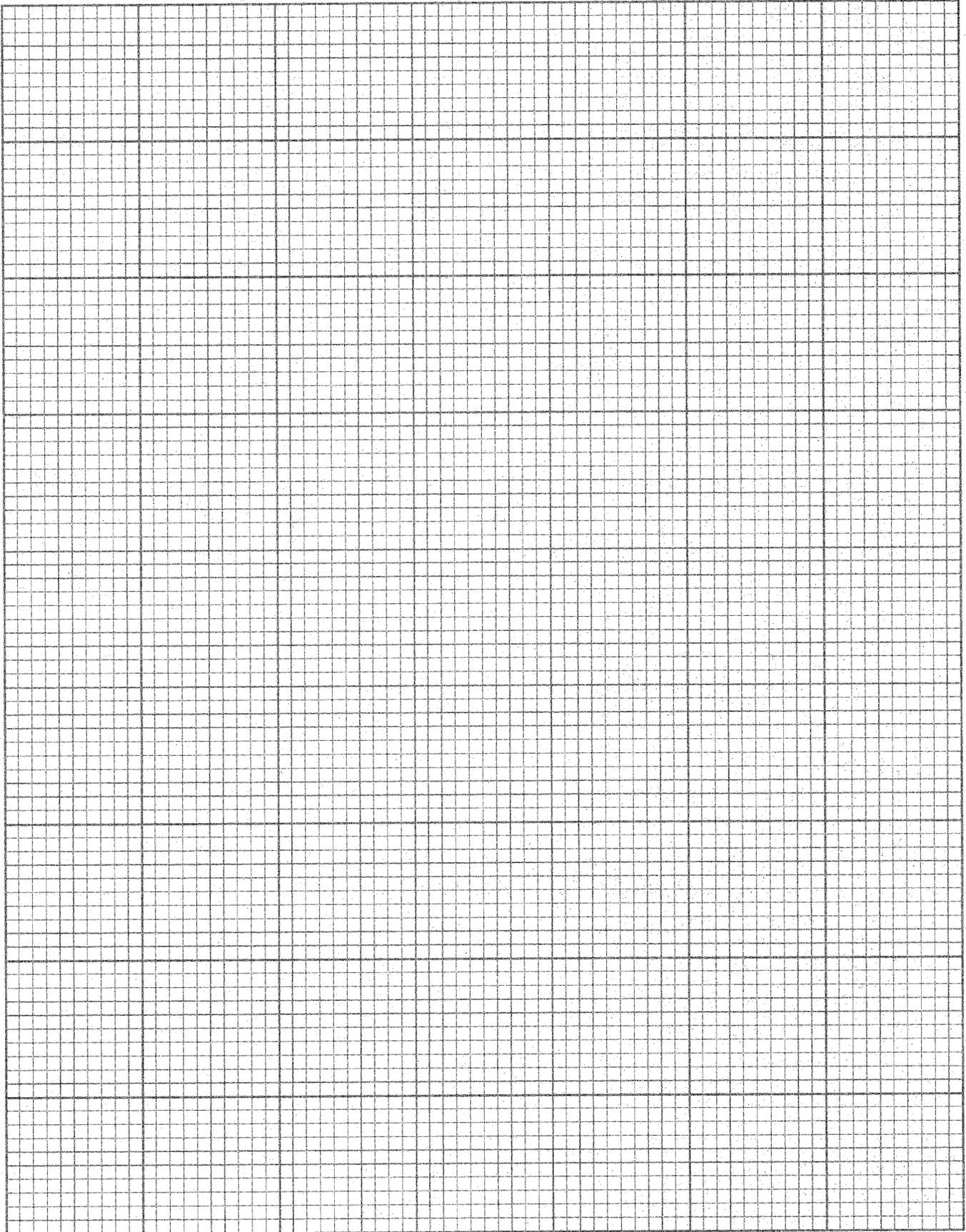
Enter Number of New or Replacement Units			
Forced Air Furnace		Incinerator	Air Handling Unit
Unit Heater		Boiler	Heat Pump
Gas/Oil Conversion		Coil Unit	Air Cleaner
Space Heater		Window A/C Unit	Kitchen Exhaust Hood
Gravity Furnace		Split System A/C	Hazardous Exhaust System
Solid Fuel Appliance		A/C Compressor	Electric Furnace
Utility Service Revisions:			
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)			
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____	Mechanical Work Est. Value \$

**9. OTHER REQUIRED PERMIT APPLICATION(S)**

Permit Type:		
Description of Work:		
Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Est. Value \$

**10. SITE PLAN**

**(Show lot lines, easements and work layout and dimensions)**



**SCALE = 1 Inch = \_\_\_\_\_ FEET**

11. DATA ENTRY

Application Received: / /  
 By: \_\_\_\_\_  
 Application Reviewed: / /  
 By: \_\_\_\_\_  
 Data Entry: / /  
 By: \_\_\_\_\_

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE \_\_\_\_\_ LOWEST FLOOR ELEVATION \_\_\_\_\_  
 FLOOD ZONE \_\_\_\_\_ BASE FLOOD ELEVATION \_\_\_\_\_

13. ZONING PLAN EVALUATION

ZONING DISTRICT \_\_\_\_\_ MAP NUMBER \_\_\_\_\_  
 LOT AREA (From Page 2) \_\_\_\_\_ LOT COVERAGE (%) \_\_\_\_\_  
 LOT AREA PER ROOM \_\_\_\_\_ ENCROACHMENTS \_\_\_\_\_  
 OFF STREET PARKING SPACES, REQUIRED \_\_\_\_\_ PROVIDED \_\_\_\_\_  
 LOADING SPACE \_\_\_\_\_  
 SIGNS; NUMBER \_\_\_\_\_ SIZE OF EACH SIGN \_\_\_\_\_

PLANNING COMMISSION APPROVAL REQUIRED \_\_\_\_\_  
 BOARD OF ZONING APPEALS APPROVAL REQUIRED \_\_\_\_\_

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
<b>TOTAL</b>		\$	<b>TO BE ENTERED ON PART 18</b>				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

**16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**17. OTHER DEPARTMENT APPROVALS**

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

**18. VALIDATION**

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
<b>TOTAL FEES</b>			

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_