



POST - APPLICATION FOR BUILDING PERMIT
City and International Building Codes are enforced

1. PROPERTY OWNER'S INFORMATION

First Name MI Last Name Phone Number

Street Address City State Zip

2. PROPERTY INFORMATION

Site Address _____ Unit # (if any) _____

Subdivision _____ Zoning _____

3. TYPE OF PERMIT

Check all that apply

Commercial Residential

___ New Construction ___ Addition ___ Repair/Remodel ___ Roofing ___ Excavation ___ Electrical ___ Mechanical ___ Plumbing ___ Demo

4. DESCRIPTION OF WORK TO BE DONE

Provide details on plot plan along with existing structures on lot. If needed attach additional sheet(s).

Estimated Cost of Construction \$ _____

Estimated Start Date ____/____/____

Estimated Completion Date ____/____/____

5. CONTRACTOR INFORMATION

Please list additional general contractor information on additional sheet(s) if applicable

Name of Contractor _____ Phone No. _____ Tax ID# _____

Chief Executive Officer _____ Phone No. _____

Person in Charge of Work _____ Phone No. _____

Contractor Address _____
Address City State Zip

6. SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades, use additional sheet(s) if applicable

Contractor Trade City,State,Zip Phone No.

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7. ADDITIONS AND NEW CONSTRUCTIONS

Original Sq. Ft. _____ New Sq Ft. _____ Total Sq. Ft. _____
If Applicable: # of Buildings: _____ # of units: _____ Sprinkler System Sq Footage _____

8. CERTIFICATION

I hereby certify that I am the owner of the 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 and/or authorized agent to make this application. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

I understand that by my signature I certify that work HAS commenced BUT work will cease UNTIL the application has been approved, a permit has been issued and all identified fees for permit(s) are paid in full.

APPLICANT SIGNATURE _____ DATE _____

Address _____ Phone No. _____
City State Zip

THIS APPLICATION EXPIRES 90 DAYS FROM APPLICATION DATE IF NO PERMIT IS ISSUED

OFFICE INFORMATION

This portion is to be completed by the Building Inspection Department Only

➤ FLOODPLAIN EVALUATION

Flood Map Number & Date 40039C0465E June 06, 2011 Lowest Floor Elevation _____

Flood Zone _____ Base Flood Elevation _____

Flood Plain Manager Signature _____ DATE ____/____/____

➤ ZONING PLAN EVALUATION

Zoning District _____ Map Number _____

Lot Area _____ Lot Coverage (%) _____

Off Street Parking Spaces, Required _____ Provided _____

Loading Space _____

Signs: Number of signs _____ Size of each sign _____

Planning Commission Approval Required: Y N Approved / Denied Date ____/____/____

Board of Zoning Appeals Approval Required: Y N Approved / Denied Date ____/____/____

Covenant Committee Approval Required: Y N Approved / Denied Date ____/____/____

APPLICATION IS: GRANTED DENIED

Building Inspector Signature _____

➤ FINAL INSPECTION

DATE PASSED ____/____/____ SIGNATURE OF BUILDING INSPECTOR _____

➤ CERTIFICATE OF OCCUPANCY

REQUESTED ON ____/____/____

SIGNATURE OF ISSUANT _____ DATE ISSUED ____/____/____