



# PRE - 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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## 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
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## 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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Contractor	Trade	City,State,Zip	Phone No.
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Contractor	Trade	City,State,Zip	Phone No.
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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 NO work has commenced and NO work will commence UNTIL the application has been approved, a permit has been issued and all identified fees for permit(s) are paid in full. Signature must be notarized if not applying in person.**

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 \_\_\_\_/\_\_\_\_/\_\_\_\_