



# BUILDING PERMIT APPLICATION

Residential 1 and 2 Units (Single Family/Duplex)     
  Residential 3 or more Units (Multi-family)     
  Commercial

<b>JOB LOCATION</b>	Parcel/Folio: _____ Job Address: _____ FEMA: BFE: _____ Flood Zone: _____ Owner's Name: _____ Owner's Address: _____ Owner's Phone No: _____ Owner's E-Mail: _____
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<b>CONTRACTOR INFORMATION</b>	<input type="checkbox"/> Contractor <input type="checkbox"/> Design Professional <input type="checkbox"/> Owner/Builder License # State Cert/Reg # _____ Qualifier: _____ Company Name: _____ Address: _____ Contractor's Phone: _____ Fax: _____ E-Mail: _____
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<b>TYPE OF BUILDING PERMIT</b>	<input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Door/Window <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Fence <input type="checkbox"/> Tree <input type="checkbox"/> Pavers <input type="checkbox"/> Sign <input type="checkbox"/> Shed <input type="checkbox"/> Screen Eng.	<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas <input type="checkbox"/> Mechanical <input type="checkbox"/> Re-roof <input type="checkbox"/> Solar <input type="checkbox"/> Pool <input type="checkbox"/> Shutters <input type="checkbox"/> Marine <input type="checkbox"/> Driveway & Patio <input type="checkbox"/> Miscellaneous _____	<b>TYPE OF FIRE PERMIT</b>	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Pumps <input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Fossil Fuel Storage System <input type="checkbox"/> Hoods <input type="checkbox"/> Suppression <input type="checkbox"/> Spray Booths <input type="checkbox"/> Tents <input type="checkbox"/> Underground Fire Line <input type="checkbox"/> Standpipes	<b>CONSTRUCTION TYPES</b>	<input type="checkbox"/> Non-sprinkler <input type="checkbox"/> Sprinkler <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IVA <input type="checkbox"/> IVB <input type="checkbox"/> VA <input type="checkbox"/> VB
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<b>PROJECT INFORMATION</b>	Description of Work: _____ _____ _____ Project Name: _____ Declared Value: _____	<b>NEW &amp; ALTERATION WORK AREA - SQ.FT.</b> Residential: Living: _____ Non-Living: _____ TOTAL SQ. FT. _____ Commercial: Interior: _____ Exterior: _____ TOTAL SQ. FT. _____
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SUBCONTRACTORS		LICENSE #	BUSINESS NAME	LICENSE HOLDER NAME
	<b>ELECTRICAL</b>			
	<b>MECHANICAL</b>			
	<b>PLUMBING</b>			
	<b>ROOFING</b>			
	<b>SPECIALITY</b>			

**NOTICE: UNDER PENALTY OF PERJURY, THE CONTRACTOR IS DECLARING THAT ALL THE INFORMATION CONTAINED IN THIS BUILDING PERMIT APPLICATION IS TRUE AND CORRECT.**

<b>SIGN INFORMATION</b>	Describe Type and Size(s) Proposed: _____ _____ Linear Front Footage of Building: _____ Distance from Front Property Line: _____ Total Area of Existing On-Site Sign(s): _____ Total Area of Existing Off-Site Sign(s): _____ Total Area of Proposed Sign(s): _____
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