

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:		INSTITUTIONAL	<input type="checkbox"/> OTHER (24)
Plan Number		ASSEMBLY	<input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5)	<input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14)	<input type="checkbox"/> PARKING GARAGE <input type="checkbox"/> CARPORT <input type="checkbox"/> MOTOR FUEL SERV. <input type="checkbox"/> REPAIR GARAGE <input type="checkbox"/> PUBLIC UTILITY <input type="checkbox"/> HPM
IMPROVEMENT TYPE:		<input type="checkbox"/> BUSINESS (6)	EDUCATIONAL	<input type="checkbox"/> MERCANTILE (15)	
<input type="checkbox"/> NEW CONSTRUCTION (1)		<input type="checkbox"/> EDUCATIONAL (GRADES 1-12) (7)	<input type="checkbox"/> DAY CARE FACILITY (8)	RESIDENTIAL	
<input type="checkbox"/> ADDITION (2)		<input type="checkbox"/> FACTORY	<input type="checkbox"/> MODERATE HAZARD (9)	<input type="checkbox"/> HOTEL, MOTEL (16)	
<input type="checkbox"/> ALTERATION (3)		<input type="checkbox"/> MODERATE HAZARD (9)	<input type="checkbox"/> LOW HAZARD (10)	<input type="checkbox"/> MULTI-FAMILY (17)	
<input type="checkbox"/> REPAIR / REPLACEMENT (4)		<input type="checkbox"/> HIGH HAZARD (11)		<input type="checkbox"/> BOCA TWO FAMILY (18)	
<input type="checkbox"/> DEMOLITION (5)				<input type="checkbox"/> CABO TWO FAMILY (19)	
<input type="checkbox"/> RELOCATION (6)				<input type="checkbox"/> BOCA SINGLE FAMILY (20)	
<input type="checkbox"/> FOUNDATION ONLY (7)				<input type="checkbox"/> CABO SINGLE FAMILY (21)	
<input type="checkbox"/> CHANGE OF USE ONLY (8)				STORAGE	
				<input type="checkbox"/> MODERATE HAZARD (22)	
				<input type="checkbox"/> LOW HAZARD (23)	
Structural (check that applicable)			Exterior (Check those applicable)		
Frame			Walls		
<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 structural assemblies 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	
POWER DEVICES		No.	OUTPUT/LOAD	POWER DEVICES		No. OUTPUT/LOAD
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

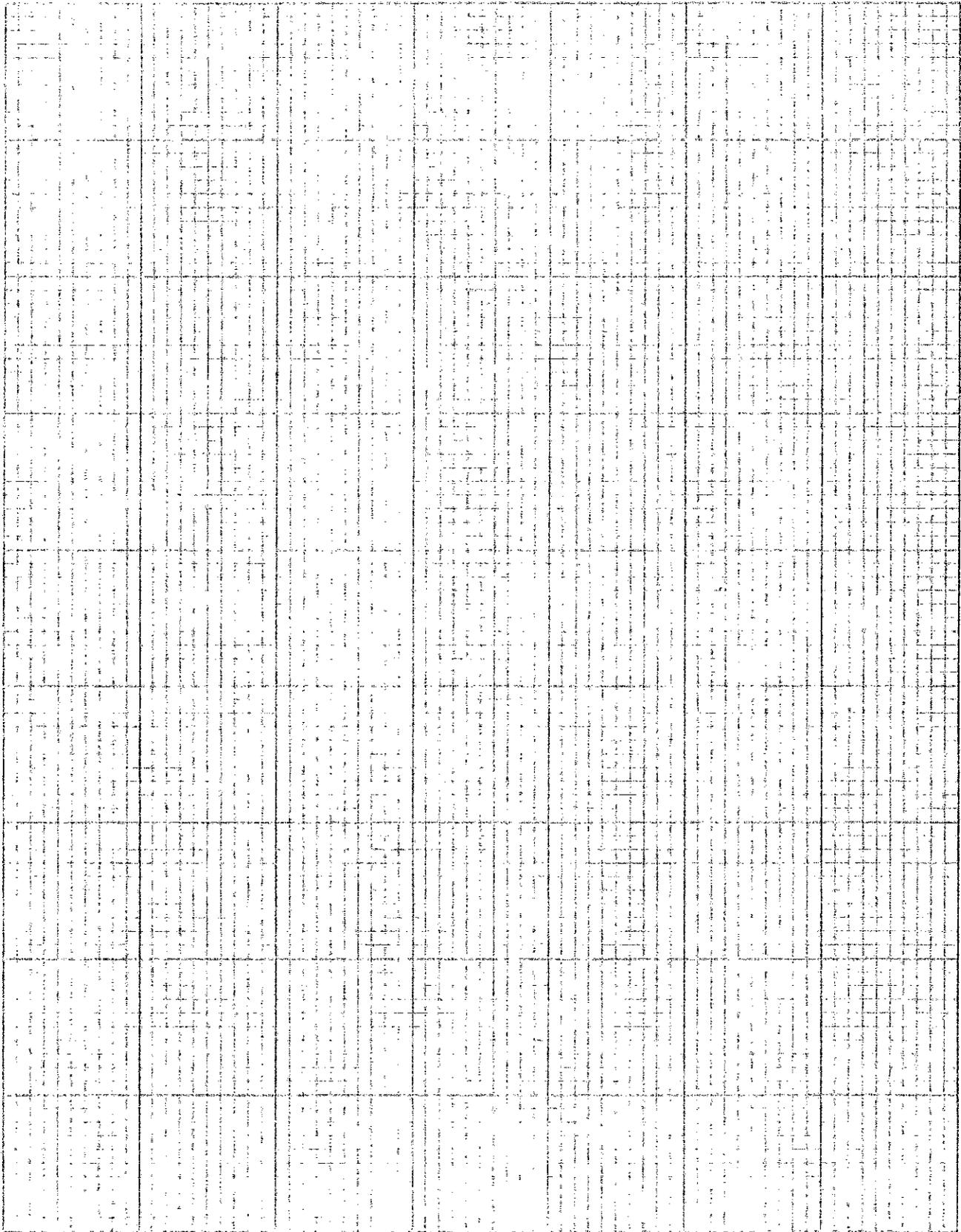
Enter Number of New or Replacement Units			
Forced Air Furnace		Incinerator	Air Handling Unit
Unit Heater		Boiler	Heat Pump
Gas/Oil Conversion		Coil Unit	Air Cleaner
Space Heater		Window A/C Unit	Kitchen Exhaust Hood
Gravity Furnace		Split System A/C	Hazardous Exhaust System
Solid Fuel Appliance		A/C 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		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 18				

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 \$
Energy 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	\$
	CHECK # _____	Refundable Road Bond	\$
	CHECK # _____	Refundable Performance Bond	\$
		TOTAL FEES	\$
	CHECK # _____	DEPOSIT	\$
	CHECK # _____	BALANCE DUE	\$

Prepared By: _____ Date _____

Approved By: _____ Title _____