

PERMIT APPLICATION COMMERCIAL BUILDING

DATE: _____ PROJECT NO: _____ BUILDING PERMIT NO: _____

Property Information:

Address: _____ Unit# _____ Subdivision/Park: _____
 Legal Parcel No: _____ Lot # _____ Historic District: Yes
Town-ship District Section

Contact Information:

APPLICANT	<input type="checkbox"/>	<input type="checkbox"/>
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Owner: _____ Designer: _____ Contractor: _____
 Address: _____ Address: _____ Address: _____
 City/State/Zip: _____ City/State/Zip: _____ City/State/Zip: _____
 Phone: _____ Phone: _____ Phone: _____
 Email: _____ Email: _____ Email: _____
 State License: _____

Project Information:

Project Name: _____ Estimated Costs: \$ _____

Description: _____
Other than items listed below

Activity	Occupancy Types
New Const: <input type="checkbox"/> Interior Alteration: <input type="checkbox"/> Addition: <input type="checkbox"/> Exterior Alteration: <input type="checkbox"/> Shell: <input type="checkbox"/> Modular: <input type="checkbox"/> Pool: <input type="checkbox"/> Patio/Deck: <input type="checkbox"/> Retaining Wall or Fence: <input type="checkbox"/>	<input type="checkbox"/> A-1: Theater/Studio <input type="checkbox"/> F-1: MH-Factory <input type="checkbox"/> R-1: Hotel/Motel <input type="checkbox"/> A-2: Restaurant/Club <input type="checkbox"/> F-2: LH-Factory <input type="checkbox"/> R-2: Apartment <input type="checkbox"/> A-3: Worship/Recreation <input type="checkbox"/> I-1: Group Homes <input type="checkbox"/> R-3: Single-Family <input type="checkbox"/> A-4: Indoor Sports <input type="checkbox"/> I-2: Hospital <input type="checkbox"/> R-4: Custodial Care <input type="checkbox"/> A-5: Outdoor Venues <input type="checkbox"/> I-3: Corrections <input type="checkbox"/> S-1: M-Haz Storage <input type="checkbox"/> B: Business <input type="checkbox"/> I-4: Day Care <input type="checkbox"/> S-2: L-Haz Storage <input type="checkbox"/> E: Education <input type="checkbox"/> M: Retail <input type="checkbox"/> U: Utility
IBC Type of Construction	
I-A <input type="checkbox"/> III-A <input type="checkbox"/> III-A <input type="checkbox"/> IV <input type="checkbox"/> V-A <input type="checkbox"/> I-B <input type="checkbox"/> II-B <input type="checkbox"/> III-B <input type="checkbox"/> V-B <input type="checkbox"/>	

Other: _____

Square Footage	Level 1	Level 2	Level 3	Level 4	
Existing:	_____ SF	_____ SF	_____ SF	_____ SF	Building Height Mezzanines/Platforms: Yes <input type="checkbox"/> No <input type="checkbox"/> Fire Sprinklers: Yes <input type="checkbox"/> No <input type="checkbox"/> Fire Rated Assemblies: Yes <input type="checkbox"/> No <input type="checkbox"/> Unlimited Area Building: Yes <input type="checkbox"/> No <input type="checkbox"/>
New:	_____ SF	_____ SF	_____ SF	_____ SF	
Altered:	_____ SF	_____ SF	_____ SF	_____ SF	
Basement:	_____ SF	_____ SF	_____ SF	_____ SF	

Projected Start Date: _____ Projected Completion Date: _____	Application should include the appropriate Submittal Checklist for the type of Work Proposed
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SIGNATURE OF APPLICANT: _____