



Received

Building Permit Application - MINOR CONSTRUCTION / RENOVATION

Office Use: Cost of Construction: \$ _____ Fee: \$ _____ Chk #: _____ Cash: _____
 Zoning District: _____ HD-A: _____ Map #: _____ Lot #: _____ Building Permit #: _____

Print in Ink or Type. Complete all blanks.

PROPERTY OWNER

Name: _____
 Address: _____
 City: _____ St. Number _____ Street Name _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell Phone / Pager: () _____

PERMIT APPLICANT

Name: _____
 Address: _____
 City: _____ St. Number _____ Street Name _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Cell Phone / Pager: () _____

Address of Constr: _____ Unit #: _____ Tenant Name: _____ Phone: _____
 Existing Use of Property or Space: _____
 Contractor Name: _____ Phone: () _____ Cell/Pager: () _____

Description of Work (Check all that apply)

Cost of All Construction: \$ _____

Reroofing Buried Tank(s)-Removal or Install Remodel _____
 Siding Remodel Kitchen Comm. Renovation / Tenant fit-up
 Replacement Windows/Doors Remodel Bathroom Electrical Work (Separate Permit)
 Temporary Tent(s) New Interior Room(s) (Flr. Plan) Plumbing Work (Separate Permit)

Expanded Description of Work: _____

When doing remodeling, provide sketch of work area.
 If structural work is involved, provide framing information in sketch format, in plan view or with cross section(s).

I certify that the information given is true and correct to the best of my knowledge. **No change from the above information will be made without approval of the Building Inspector.** Construction activities shall not commence until the Building Permit is issued.

I realize that when all necessary approvals have been acquired, a Building Permit may be granted by the Building Inspector to allow construction or remodeling in conformance with this application and the plans/specifications submitted in support of said construction or remodeling only.

I further acknowledge that the proposed structure or improvements shall not be occupied or otherwise utilized without the issuance of a Building Certificate of Occupancy and only after all necessary inspections have been requested and completed. I am also aware that the disposal of waste generated from this project is my responsibility and not part of the City's Trash/Recycling Program.

 Signature of Applicant Date If Not Owner, State Relationship

Permit Issuance Approved by Building Inspector: _____ Date _____