

## RESIDENTIAL BUILDING PERMIT APPLICATION

TYPE OF PERMIT (Check one):

SINGLE FAMILY       ACCESSORY STRUCTURE       OTHER (Explain): \_\_\_\_\_

(Check one):  NEW CONSTRUCTION       RENOVATION

CONTRACTOR \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOMEOWNER \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADEQUATE FACILITIES TAX SUBMITTED:  YES       NO \*\*\*Required\*\*\*

EROSION CONTROL FORM SUBMITTED:  YES       NO \*\*\*Required\*\*\*

FOUNDATION (Check one):  SLAB       CRAWL       BASEMENT

SUPERIOR WALLS: \*\*\* *Engineering report shall be required.* \*\*\*  YES       NO

SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

COST OF CONSTRUCTION: \$ \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_

SQUARE FOOTAGE-  
TOTAL (Including porches, garages & basements): \_\_\_\_\_ HEATED: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ NUMBER OF BATHS: \_\_\_\_\_

NUMBER OF STORIES (Check one):  1       1 ½       2       SPLIT FOYER

GARAGE: Y / N      IF YES, CHECK ONE:  ONE CAR       TWO CAR       OTHE(R: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

SUBCONTRACTOR INFORMATION:

PLUMBING- \_\_\_\_\_

MECHANICAL- \_\_\_\_\_

ELECTRIC- \_\_\_\_\_

OUTSIDE PLUMBING- \_\_\_\_\_

SIDEWALK REQUIREMENTS-  YES       NO

ORD 69 ENHANCED ZONING-  YES       NO

CLUSTER DEVELOPMENT-  YES       NO

NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CLERK INITIALS: \_\_\_\_\_