



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____
 Tel. (_____) _____ e-mail _____
 Address _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (_____) _____
 Address _____ e-mail _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun _____
 Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$	/	/
2. Electrical		/	/
3. Plumbing		/	/
4. Fire Protection		/	/
5. Elevator Devices		/	/
6. Subtotal		/	/
7. Less 20% for State Plan Review	\$	/	/
8. Subtotal	\$	/	/
9. State Permit Surcharge Fee		/	/
10. Subtotal	\$	/	/
11. Cert. of Occupancy		/	/
12. Other		/	/
13. TOTAL	\$	/	/

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____
no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

(office use only)

IIa. PROPOSED WORK

Minor Work New Building Addition Demolition
 Repair Alteration Renovation Reconstruction
 Asbestos Abat. -Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

IIb. SUBCODES
(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<input type="checkbox"/> Building		/	/	/	/	/	/	/	/
<input type="checkbox"/> Electrical		/	/	/	/	/	/	/	/
<input type="checkbox"/> Plumbing		/	/	/	/	/	/	/	/
<input type="checkbox"/> Fire Protection		/	/	/	/	/	/	/	/
<input type="checkbox"/> Elevator		/	/	/	/	/	/	/	/
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s): _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. Partial Releases

2. Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks

2. High Pressure Boilers

3. Pressure Vessels

4. Refrigeration Systems

5. Cross-Connections/Backflow Preventers

6. Hazardous Uses/Places of Assembly

7. Sprinklers

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

10. Swimming Pools, Spas and Hot Tubs