

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: _____

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

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (_____) _____
 Address _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Tel. (_____) _____
 Address _____

6. Responsible Person in Charge of Work _____
 Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ _____		
2. Electrical	_____		
3. Plumbing	_____		
4. Fire Protection	_____		
5. Mechanical	_____		
6. Subtotal	\$ _____		
7. Plan Review	_____		
8. Administrative Fee	\$ _____		
9. L & I Training Fee	_____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	_____		
12. Other	_____		
13. TOTAL	\$ _____		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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 _____

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical									
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat.									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. Partial Releases

2. Prototype Processing

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

1. <input type="checkbox"/> Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	5. <input type="checkbox"/> Cross-Connections/Backflow Preventers
2. <input type="checkbox"/> High Pressure Boilers	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly
3. <input type="checkbox"/> Pressure Vessels	7. <input type="checkbox"/> Sprinklers
4. <input type="checkbox"/> Refrigeration Systems	8. <input type="checkbox"/> Smoke Control Systems in Open Wells
	9. <input type="checkbox"/> Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)
2. Multi-Family (R-2)
3. 1-2 Family/R-3
4. Residential Care <17 (R4)
5.
6.

No. of dwelling units:
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____