



Community Development Building Permit Application

APPLICANT INFORMATION		
Property Address:		
Owner Information	Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Address:	
Phone:	Email:	
Additional Contact Information		
Name:	Address:	
Phone:	Email:	
<input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Property Manager <input type="checkbox"/> Other (specify):		
DESCRIPTION OF WORK		
<hr/> <hr/> <hr/> <hr/> <hr/>		
RESIDENTIAL PROJECT TYPE		
<input type="checkbox"/> Single Family New Build	<input type="checkbox"/> Lawn Irrigation System	<input type="checkbox"/> Accessory Structure: Patio/ Garage/shed
<input type="checkbox"/> Remodel	<input type="checkbox"/> Demolition	<input type="checkbox"/> Pool/Spa/Hot tub
<input type="checkbox"/> HVAC Alteration/Repair	<input type="checkbox"/> Electrical Alteration/Repair	<input type="checkbox"/> Driveway/Walkway
<input type="checkbox"/> Deck	<input type="checkbox"/> Plumbing Alteration/Repair	
<input type="checkbox"/> Other: _____		
NON-RESIDENTIAL PROJECT TYPE		
<input type="checkbox"/> New Commercial Building	<input type="checkbox"/> Plumbing Alteration/Repair	<input type="checkbox"/> HVAC/Mechanical/Alteration
<input type="checkbox"/> Commercial Alteration	<input type="checkbox"/> Fire Alarm/Suppression	<input type="checkbox"/> Parking Lot/Driveway
<input type="checkbox"/> Electrical Alteration/Repair	<input type="checkbox"/> Landscape	<input type="checkbox"/> Fence/Screening
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Multifamily New Build
COST ESTIMATES		
<i>If any of the following specific systems below are being modified or altered, please specify:</i>		
<input type="checkbox"/> Electric Service: 1. Amps: _____ 2. # circuits: _	<input type="checkbox"/> Plumbing: 1. Number of Fixtures: _____	<input type="checkbox"/> HVAC: # of units: Number of bedrooms: _____ Number of bathrooms: _____
1. Electrical Cost: \$	Total Area of Improvements (sq. ft.):	
2. Plumbing Cost: \$		
3. HVAC Cost: \$		
4. Balance Cost: \$		
TOTAL COST*: \$	<i>* TOTAL COST must include the value of Footing and Foundation</i>	

CONTRACTOR INFORMATION PRIMARY CONTRACTOR	
License #:	
Business Name:	Contact Name:
Address:	
Phone	Email
CONTRACTOR INFORMATION OTHER CONTRACTOR	
License #:	
Business Name:	Contact Name:
Address:	
Phone:	Email:
CONTRACTOR INFORMATION OTHER CONTRACTOR	
License #:	
Business Name:	Contact Name:
Address:	
Phone:	Email:
ARCHITECT/DESIGN PROFESSIONAL	
License #:	
Business Name:	Contact Name:
Address:	
Phone:	Email:
PROVIDE THE FOLLOWING DRAWING AND DOCUMENTS (IF APPLICABLE):	
<input type="checkbox"/> Plat of survey showing position and measurements of site work <input type="checkbox"/> Manufacturer's specifications and cut sheets that show methods of installation. <input type="checkbox"/> Plumbing letter of intent <input type="checkbox"/> One-line diagrams (for electrical systems)	<input type="checkbox"/> Site or floor plan indicating all site work and equipment installation <input type="checkbox"/> specific equipment in coordination with design professional's drawings <input type="checkbox"/> MWRD Permit Determination

Applicant Submittal Statement

I hereby certify that the above application is true and correct to the best of my knowledge. I hereby authorize the above listed contractors to perform all work necessary to complete the requirements of this permit. I also understand that the Code Official may enter at reasonable times, any building, structure or premises in the jurisdiction to perform any duty imposed upon him by such ordinances.

Applicant's Signature

Name of Applicant (Print)

Date