

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT CONTINUED
PAGE 2

Contractor Information:

Type of Contractor	Company Name	Phone
	Architect/Engineer/Designer	
	Primary Contractor	
	Sub Contractors	

**** (REQUIRED) **** Project Description: _____

Size of Structure: _____ Length, _____ Width

No. of dwelling units: _____ **Brick or Frame**

Construction Purpose/Type: New Construction Addition Remodel Shed
 Repair/Replacement Demolition Relocation Garage/Carport

Commercial Type Construction: (as specified by the IBC 2000 code)

Type I-A B Type II-A B Type III-A B Type IV-HT Type V-A B

****** (REQUIRED) ****** Total Estimated Value of Work: \$ _____

USE AND OCCUPANCY CLASSIFICATION: _____

(as specified by the IBC 2000 Code) *(LIST TO CHOOSE FROM BELOW)*

ASSEMBLY (A-1 thru A-5)	FACTORY (F-1 & F-2)	RESIDENTIAL (R1 thru R4)
Theatre (A-1)	Moderate Hazard (F-1)	Hotel (R-1)
Night Club (A-2)	Low Hazard (F-2)	Apartment Houses (R-2)
Restaurant (A-2)	HIGH HAZARD (H-1 thru H-5)	Single Family or Duplex (R-3)
Church (A-3)	INSTITUTIONAL (I-1 thru I-5)	STORAGE (S-1 & S-2)
BUSINESS (B)	Group Home (I-1)	Moderate Hazard (S-1)
EDUCATIONAL (E)	Hospital (I-2)	Low Hazard (S-2)
Grades 1-12	Jail (I-3)	UTILITY & MISCELLANEOUS (U)
Day Care Facility	MERCANTILE (M)	Sheds

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT CONTINUED
PAGE 3

Number of Residential Units		Garage Area (ft ²)		Sidewalks (ft ²)	
Number of Buildings		Decks (ft ²)		Lot Area (ft ²)	
Number of Parking Spaces		Porches (ft ²)		Outbuilding Area (ft ²)	
Living Area (ft ²)		Driveway (ft ²)		Building Area (ft ²)	
Basement Area (ft ²)				Parking Area (ft ²)	

ELECTRICAL INFORMATION

PROJECT DESCRIPTION: _____

AMP SERVICE: _____
 # OF DROPS: _____
 TONNAGE OF A/C: _____

PLUMBING INFORMATION

PROJECT DESCRIPTION: _____

NUMBER OF FIXTURES: _____

TYPE OF MATERIAL (water): _____
 TYPE OF MATERIAL (sewer): _____

DEMOLITION INFORMATION

Description of structure to be demolished: _____

USE AND OCCUPANCY CLASSIFICATION: _____
 (CHOOSE FROM LIST PAGE 2)

Building Area (Sq. Feet) _____ Utility Cut off Date: _____

Spoils Trucked To: _____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT CONTINUED
PAGE 4

PERMANENT SIGN INFORMATION

PLEASE INCLUDE DRAWINGS WITH APPROPRIATE MEASUREMENTS.

Sign Style: Freestanding / Attached / Monument

No. of freestanding signs: _____ proposed; _____ existing on property

No. of attached signs: _____ proposed; _____ existing on property

Sq. footage of each sign: _____

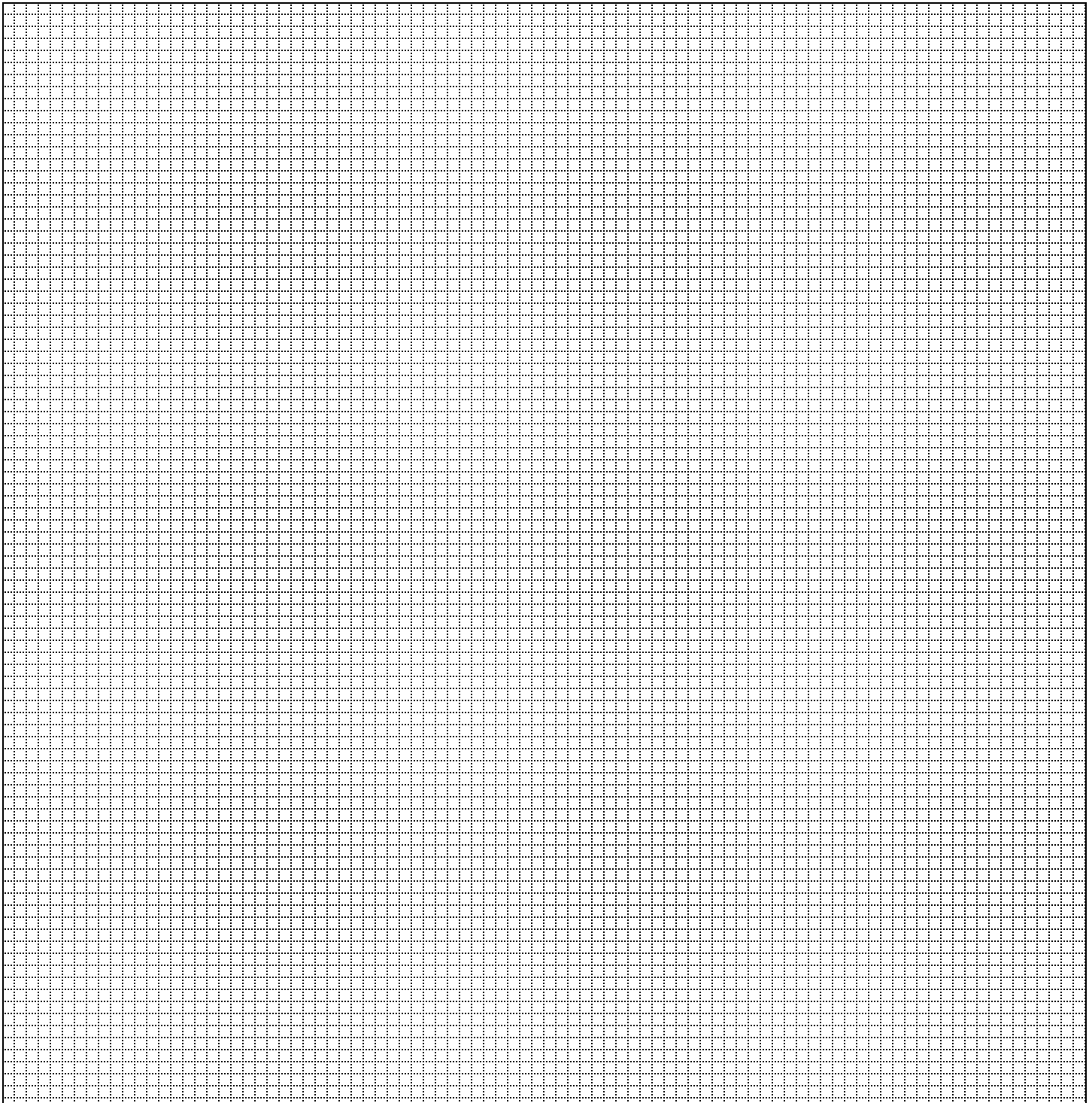
Linear Street Frontage: _____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT CONTINUED

PAGE 5

SITE PLAN

(Show property lines, easements, name of street, work layout and all dimensions)



Reviewed by: _____ Date: _____

OFFICE USE ONLY:
PLAN EXAMINATION AND BUILDING PERMIT REVIEW NOTES: