



APPLICATION FOR BUILDING PERMIT



PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NUMBER: _____

CITY/LOCALITY: _____ CROSS STREET: _____

ASSESSOR INFORMATION NUMBER: _____ - _____ - _____

TENANT: _____ (LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____ (LAST NAME/BUSINESS NAME) (FIRST) (MI) OWNER/BUILDER: YES NO

ADDRESS: _____ PHONE: (____) _____ EXT: _____

APPLICANT: _____ (LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ PHONE: (____) _____ EXT: _____

CONTRACTOR: _____ (LAST NAME/BUSINESS NAME) (FIRST) (MI) LIC. NUMBER: _____ CLASS: _____

ADDRESS: _____ PHONE: (____) _____ EXT: _____

ARCH/ENG: _____ (LAST NAME/BUSINESS NAME) (FIRST) (MI) LIC. NUMBER: _____ CLASS: _____

ADDRESS: _____ PHONE: (____) _____ EXT: _____

WORK DESCRIPTION: _____

VALUATION: \$ _____ BUILDINGS ON LOT: _____

PROJECT SIZE: _____ SF NUMBER OF STORIES: _____ CONSTRUCTION TYPE: _____ OCCUPANCY GROUP: _____