

NOT A BUILDING PERMIT - DO NOT BEGIN WORK UNTIL PERMIT IS ISSUED

**JOB ADDRESS**

OWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL: \_\_\_\_\_

DESIGNER/ARCHITECT \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
 FAX \_\_\_\_\_

ENGINEER \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
 FAX: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_ CLASS \_\_\_\_\_

CONTRACTOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PARCEL # \_\_\_\_\_ PERMIT # \_\_\_\_\_

REVISION TO ACTIVE PERMIT ?  YES  NO  
 PERMIT #: \_\_\_\_\_ REV # \_\_\_\_\_

ESTIMATED PROJECT COST \$ \_\_\_\_\_

DETAILED PROJECT DESCRIPTION \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SQ. FT.	EXISTING	NEW	TOTAL
CONDITIONED			
GARAGE/CARPORT			
DECK			
IMPERV. SURFACES			
GRADING: TOTAL YARDS MOVED	X	X	

NAME OF APPLICANT: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

PERMIT TYPE  ELECTRICAL  PLUMBING  
 CONSTRUCTION  MECHANICAL  OTHER

PROJECT INFORMATION: STOP WORK ORDER?  YES  NO  
 ARE YOU MAKING ANY EXTERIOR CHANGES?  YES  NO  
 IF YES DO YOU HAVE PLANNING DIV. APPROVAL?  YES  NO  
 NEW BUILDING CONSTRUCTION ?  YES  NO  
 IF NOT, CLASS OF WORK BUILDING TYPE  
 ADDITION / EXTENSION  SINGLE FAMILY DWELLING  
 REMODEL / RENOVATION  ACCESSORY BUILDING  
 ALTERATION  DUPLEX DWELLING  
 REPAIR  APARTMENT BUILDING  
 REPLACEMENT  COMMERCIAL BUILDING  
 CONDO/TOWN HOUSE

W.U.I. AREA?  YES  NO  
 RBR MAND. CORRECTIONS HISTORIC BLDG.?  YES  NO  
 LEGALIZE WORK W/O PERMIT FLOOD ZONE "AE"?  YES  NO

CHECK AND/OR CIRCLE ALL WHERE WORK DESCRIBED UNDER CLASS OF WORK WILL BE AFFECTED.

<input type="checkbox"/> GATE / DRIVEWAY	<input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> GARAGE / CARPORT / PARK'G PAD	<input type="checkbox"/> SERVICE PANEL
<input type="checkbox"/> ENTRY / FOYER	<input type="checkbox"/> SUB PANEL
<input type="checkbox"/> LIVING / FAMILY / DINING ROOM	<input type="checkbox"/> RE-WIRING
<input type="checkbox"/> KITCHEN / PANTRY	<input type="checkbox"/> NEW CIRCUIT
<input type="checkbox"/> STUDY / MEDIA ROOM / OFFICE	<input type="checkbox"/> UNDER GROUND SERVICE
<input type="checkbox"/> BED ROOM (S)	
<input type="checkbox"/> MBATH/BATH / PWDR RM	<input type="checkbox"/> MECHANICAL
<input type="checkbox"/> LAUNDRY / STORAGE ROOM	<input type="checkbox"/> A/C SYSTEM
<input type="checkbox"/> FIRE PLACE	<input type="checkbox"/> HEATING SYSTEM
<input type="checkbox"/> DOOR(S) / WINDOW(S) / SIDING	<input type="checkbox"/> FURNACE / BOILER
<input type="checkbox"/> STAIRS	
<input type="checkbox"/> ELEVATOR	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> ROOF / SKYLIGHT	<input type="checkbox"/> GAS LINE
<input type="checkbox"/> DECK / TERRACE / PATIO	<input type="checkbox"/> WATER LINE
<input type="checkbox"/> TRELLIS / ARBOR	<input type="checkbox"/> WATER HEATER/ADD FIXT
<input type="checkbox"/> SUN ROOM	
<input type="checkbox"/> LANDSCAPE / GRADING	<input type="checkbox"/> DRAINAGE WORK
<input type="checkbox"/> RETAINING WALL / FENCE	<input type="checkbox"/> SUB DRAIN
<input type="checkbox"/> SWIMMING POOL / POOL HOUSE	<input type="checkbox"/> TIGHT LINE (RWL / AREA
<input type="checkbox"/> SPA / HOT TUB	<input type="checkbox"/> FOUNDATION DRAIN
<input type="checkbox"/> SEISMIC / FOUNDATION/ SHEARWALL	

DATE RECEIVED \_\_\_\_\_ CONDITIONS OF APPROVAL \_\_\_\_\_

OFFICE USE ONLY

BUILDING FEES  
 PLAN CHECK \$ \_\_\_\_\_  
 RECEIPT # \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_  
 D/R COMPLIANCE \$ \_\_\_\_\_  
 D/R COMPLIANCE \$ \_\_\_\_\_  
 MISC: \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_  
 RECEIPT # \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_

SUBMITTED ( WHEN REQUIRED)  
 2 COPIES STAMPED AND WET SIGNED OF:

SURVEYED PLOT PLAN  SITE PLAN  
 CONSTRUCTION DRAWINGS  STRUCTURAL CALCS.  
 SOILS REPORT  TITLE 24 ENERGY CALCS.  1 COPY OF FLOOR PLANS AND EXTERIOR ELEVATIONS FOR COUNTY.

PLANS SENT TO  Outside plan check service Date \_\_\_\_\_

DRB COMPLIANCE VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 PLANNING FILE # \_\_\_\_\_