



## Commercial Building Application

Permit Number     City     County

Construction Location		Zoning	
Architect/Engineer		Contact Number	
Owner		Contact Name	
Address		Contact Numbers _____	
Contractor		Contact Name	
Address		Contact Numbers _____	
Applicant is <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect/Contractor			
Type of Work <input type="checkbox"/> New building <input type="checkbox"/> Renovate Existing Building <input type="checkbox"/> Fit UP <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Other - Explain:			
Proposed Use Group <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Storage			
Description			
Building	L	W	H    Exterior of Building
Foundation		Square Footage	Other Requirements <i>for office use only</i>
Type	Material		
<input type="checkbox"/> Basement	<input type="checkbox"/> Concrete	# of stories	Development Plan
<input type="checkbox"/> Crawl	<input type="checkbox"/> Block	Sq. Ft per Floor	Work Comp Insurance
<input type="checkbox"/> Slab	<input type="checkbox"/> ICF	Basement	Erosion Control
<input type="checkbox"/> Post	<input type="checkbox"/> Trt. Post	Other	State Approval
		Total Sq. Ft	
<i>Inspections must be scheduled 24 hours in advance.</i>		TOTAL PERMIT FEE	\$ _____

The undersigned hereby certifies they are the owner or owner's agent of the property and that all information is true and accurate to the best of their knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY			
Remarks:			
Receipt #	Date Received:	Check #:	Received By:

**NOTE: APPLICATION MUST BE COMPLETED IN FULL AND SUBMITTED WITH ALL ADDITIONAL PAPERWORK AS REQUIRED ON CHECKLIST.**