



## Commercial Building Application

Permit Number     City     County

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

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			
<b>Remarks:</b>			
<b>Receipt #</b>	<b>Date Received:</b>	<b>Check #:</b>	<b>Received By:</b>