



Residential Building Application

Permit Number City County

Construction Location		Home Style		
Subdivision Name		Lot #	Lot Size	
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"/> Both				
Type of Work <input type="checkbox"/> New House <input type="checkbox"/> Renovate House <input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> New Building Accessory <input type="checkbox"/> Renovate Basement				
Type of Structure <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex/Triplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Deck <input type="checkbox"/> Covered Porch <input type="checkbox"/> Shed <input type="checkbox"/> Detached Garage <input type="checkbox"/> Attached Garage <input type="checkbox"/> Barn <input type="checkbox"/> Storage Bldg <input type="checkbox"/> _____				
Additional Notes or Description if Needed		<input type="checkbox"/> Sewer <input type="checkbox"/> Septic		
New Structure Dimension	L	W	H	
# Baths:	# Half Baths:	Total # Rooms:	Exterior Finish:	
Foundation		Square Footage <i>For office use only</i>		
Type	Material	Living Area	Non-Living Area	
<input type="checkbox"/> Basement <input type="checkbox"/> Crawl <input type="checkbox"/> Slab <input type="checkbox"/> Post	<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> ICF <input type="checkbox"/> Pressure Treated Post <input type="checkbox"/> Other	1 st Floor	Garage	
		2 nd Floor	Other	
		Finished Basement	Un-Finished Basement	Living + Non-Living TOTAL Square Feet
		Other		
		Total Sq. Ft	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: