



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	# Stories:	# Bedrooms:
# Baths:	# Half Baths:		Total # Rooms:		Exterior Finish:		
Foundation			Square Footage <i>office use only</i>				
Type	Material		Living Area		Non-Living Area		
<input type="checkbox"/> Basement	<input type="checkbox"/> Concrete		1 st Floor		Garage		
<input type="checkbox"/> Crawl	<input type="checkbox"/> Block		2 nd Floor		Other		
<input type="checkbox"/> Slab	<input type="checkbox"/> ICF		Finished Basement		Un-Finished Basement		
<input type="checkbox"/> Post	<input type="checkbox"/> Pressure Treated Post		Other		Living + Non-Living TOTAL Square Feet		
		<input type="checkbox"/> 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:

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