



# Residential Building Permit Application

Permit Number \_\_\_\_\_

**PROJECT INFORMATION**

Project Address		Apt #	Subdivision	Lot	Block
Property Owner Name		Property Owner Address		Phone	
Contractor Name		Contractor Address		Phone	
Contact Email:					

**DESCRIPTION OF WORK**

Description of work to be done:

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Project Value	Total Square Footage	First Floor Square Ft	Second Floor Square Ft
Gas <input type="checkbox"/>	Number of Bedrooms	Number of Bathrooms	Garage Square Ft
Propane <input type="checkbox"/>			Porch/Other Square Ft
Electric <input type="checkbox"/>			

**CONTRACTOR TRADES (COMPANY NAME)**  
**\*\*Contractors must validate on this permit before starting work\*\***

Plumbing Contractor	Mechanical Contractor	Electrical Contractor
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**NOTICE**

I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Applicant Name	Applicant Signature	DATE
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-----OFFICE USE ONLY BELOW THIS LINE-----

Plan Review Fee:	Received By:	Date:
Permit Fee:	Approved By:	Date: