

| PERMIT #          |    |
|-------------------|----|
| SITE VISIT:   YES | NO |

| Permit Application Type:  | (SEPARATE PERMITS ARResidential  | RE REQUIRED FOR ALL TRADES |                            | ROW/Utility                           |  |
|---|--|----------------------------|----------------------------|---------------------------------------|--|
| Construction Type:  | New  | Addition                   |                            | Remodel/Repair/Alteration             |  |
| Flood Plain Management: Is property located in Floodplain according to official Flood Insurance Rate Map (FIRM)?  |  |                            |                            |                                       |  |
| _   | ovide Risk Zone)   |                            |                            | t Required? ☐ YES ☐ NO                |  |
|   | (Risk Zone)  |                            |                            |                                       |  |
| Project Address:  |  |                            |                            |                                       |  |
| Property Owner:   |  | l pi                       |                            |                                       |  |
| Email:  |  | Phone:                     |                            |                                       |  |
| Address (if different)  | l and  |                            |                            |                                       |  |
| Proposed Use of Building/   | Land:  |                            |                            |                                       |  |
| Valuation of Construction:  |  | Total SQ.                  | FT.:                       |                                       |  |
| General Contractor Name:  |  |                            |                            |                                       |  |
| Address:  | •  | City/St./Zij               | <u> </u>                   |                                       |  |
| Email:  |  | Phone:                     |                            |                                       |  |
| Linaii.   |  | T Horic.                   |                            |                                       |  |
| Electrical Contractor:  |  | Phone:                     |                            |                                       |  |
| Mechanical Contractor:  |  | Phone:                     |                            |                                       |  |
| Plumbing Contractor:  |  | Phone:                     |                            |                                       |  |
| Irrigation Contractor:  |  | Phone:                     |                            |                                       |  |
|   |  |                            |                            |                                       |  |
| Scope of Work:  |  |                            |                            |                                       |  |
|   |  |                            |                            |                                       |  |
| ACRECTOC DIVISION OF THE PARTY |  |                            |                            |                                       |  |
| containing building material (ACBM  | ng any renovation in a public building, bu<br>I) that could foreseeably be disturbed i<br>r renovation shall be conducted by perso                                     | n the area to be rend      | vated in accordance with   | these rules. The asbestos survey and  |  |
| that is not composed entirely of sto  | A person commits an offense if the per<br>orm water. To prevent illicit discharge f<br>uction site. Storm water runoff from dev<br>om a certified/registered engineer. | rom construction site      | into the street or drainag | ge way permittee shall be required to |  |
|   | leans the operation of an overall progra<br>plans, flood control works and floodplair  |                            | •                          |                                       |  |
| ORDINANCES GOVERNING THIS TYPI  | AD AND EXAMINED THIS APPLICATION<br>E OF WORK WILL BE COMPLIED WITH WH<br>R CANCEL THE PROVISIONS OF ANY OT  | IETHER SPECIFIED HE        | REIN OR NOT; THE GRANT     | ING OF A PERMIT DOES NOT PRESUME      |  |
| THE CITY DOES NOT VERIFY PROPER   | RTY LINES; IT IS THE RESPONSIBILITY OF   | THE OWNER IN ACCO          | RDANCE WITH THE RECOR      | RDED SURVEY.                          |  |
| *PLEASE NOTE>>> PERMITS ARE NONREFUNDABLE. PAYMENT FOR PERMITS SUBMITTED AND PROCESSED ARE DUE WITHIN 10 BUSINESS DAYS. FAILURE TO PAY FOR A SUBMITTED AND PROCESSED PERMIT WITHIN THE 10 BUSINESS DAYS WILL VOID THE PERMIT AND A NEW PERMIT MUST BE SUBMITTED FOR PROCESSING. (Initials)  |  |                            |                            |                                       |  |
| SIGNATURE OF OWNER, CO  | ONTRACTOR OR AUTHORIZED  | ) AGENT                    | DATE                       | <br>:                                 |  |

(Building Inspection Department)

**APPROVED BY:**