

OWNER OF PROPERTY: _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

BUILDING SITE ADDRESS: _____
 City _____ State _____ Zip _____
 New Building Addition Alteration Repair/Replace
 Other _____

TENANT LEASEE: _____
 Contact _____ Phone _____
GENERAL CONTRACTOR License # _____ Class _____

CHECK CHARACTERISTICS OF BUILDING - Principal Type:
 Masonry Wood Frame Structural Steel
 Reinforced Concrete Other (Specify) _____

COMPANY: _____
 Contact _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 Email _____ Fax _____

FOUNDATION COMPANY: _____
 Contact _____ Phone _____

PLUMBING COMPANY: _____
 License # _____ Class _____ Phone _____

MECHANICAL COMPANY: _____
 License # _____ Class _____ Phone _____

PLUMBING COMPANY: _____
 License # _____ Class _____ Phone _____

MECHANICAL COMPANY: _____
 License # _____ Class _____ Phone _____

ELECTRICAL COMPANY: _____
 License # _____ Class _____ Phone _____

ROOFING COMPANY: _____
 License # _____ Class _____ Phone _____

ELECTRICAL COMPANY: _____
 License # _____ Class _____ Phone _____

FIRE SPRINKLER COMPANY: _____
 License # _____ Class _____ Phone _____

3RD PARTY INSPECTIONS/COMPANY: _____
 Contact _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 Email _____ Fax _____
 On-site Inspector _____

UTILITIES: Water Electric Gas
 Sewer Permit # _____
 Septic Permit # _____

VALUATION (not including land) \$ _____

BUILDING AREA: Remodel Area Sq Ft _____ New Contr Sq Ft _____
 The 2006 International Residential, Building, Plumbing, Mechanical, Fuel Gas, Fire Code & Property Maintenance Codes have been adopted. The 2005 National Electrical Code has been adopted.
 Notes: _____

SIGNATURE (Owner) _____

DATE _____

SIGNATURE (General) _____

DATE _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

OCCUP. GROUP. _____ **TYPE OF CONSTRUCTION:** IA IB IIA IIB IIIA IIIB IV VA VB **SPRINKLER:** Yes No
 Parcel ID _____ Map # _____ Zoned _____ Zoning File # _____
 Section _____ Township _____ Range _____ Township (Aubrey, Gardner) _____ Acres _____
 Land Disturbance construction acres: _____

Land Disturbance (small site) Control Standards given to: _____ Date: _____ Completed
 Land Disturbance Permit Application given to: _____ Date: _____ Completed

Zoning Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Date _____	Codes Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Date _____
Flood Plain Yes <input type="checkbox"/> No <input type="checkbox"/>	Entrance Attached <input type="checkbox"/> Final Approval <input type="checkbox"/> N/A <input type="checkbox"/>
Building Permit # _____	Septic/Sewer Attached <input type="checkbox"/> Final <input type="checkbox"/> N/A <input type="checkbox"/>
Permit Fee \$ _____	Elect (1) (2) Att. <input type="checkbox"/> N/A <input type="checkbox"/> Plumbing (1) (2) Att. <input type="checkbox"/> N/A <input type="checkbox"/>
Plan Review \$ _____	Mechanical (1) (2) Att. <input type="checkbox"/> N/A <input type="checkbox"/> Fire/Sprinkler Att. <input type="checkbox"/> N/A <input type="checkbox"/>
Fire Insp Fee \$ _____	Framer Att. <input type="checkbox"/> N/A <input type="checkbox"/> Foundation Co. Att. <input type="checkbox"/> N/A <input type="checkbox"/>
TOTAL FEES \$ _____	Roofer Att. <input type="checkbox"/> N/A <input type="checkbox"/>

RECEIPT # _____

Approved by: _____ **Date:** _____