Application for **BUILDING PERMIT**

□ Residential

☐ City ☐ One-Mile Jurisdiction

□ Commercial

Please allow 1 day for inspections.

Property Owner Phone:		
Street Address Apt	Office	e Use Onlv
Subdivision NameLot:		
Block:	Pellini No. D 20	
NOTE Separate Permits are Required for: Electrical, Plumbing, Mechanical.	Building Permit:	\$
BUILDING PERMIT B 25-	Plan Review:	\$
The undersigned hereby applies for a permit for:	Special Permit Review:	\$
☐ Move ☐ Interior/Alteration	Additional Review:	\$
DESCRIBE WORK TO BE DONE:	Miscellaneous Fee	\$
<u> </u>	TOTAL FEES:	\$
	- Balance Due	\$
USE OF BUILDING (description): Size x	Balanco Bas	Ψ
Height # of Units	1	
# of Stories	Fin Floor Area	Sq. Ft. \$
TOTAL CONSTRUCTION COST \$		· —
(includes general, electric, plumbing, mechanical, etc.)		Sq. Ft. \$
OCCUPANCY CERTIFICATE		Sq. Ft. \$
The undersigned hereby applies for a Certificate of Occupancy.	Garage	Sq. Ft. \$
Mail Certificate To: (Print or Type)	AG Building	Sq. Ft. \$
Name	.	
Address		
City/State/Zip Code	Zoning District	
FINAL INSPECTION DATE ■ OFFICE USE ONLY	Occupancy Group	
First Date	Type of Construction	
Occupancy Approved by: Final Date:	Flood Plain Permit #	
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether	Special Permit #	
specified or not. The final lot grading will be in general conformance with the approved preliminary plat grading plan and erosion control measures shall be installed and properly maintained to avoid	Bd. of Zoning Appeals #	
sediment runoff in violation. The granting of a permit does not presume to give authority to violate or cancel the provisions of any	House Moving Permit #	
other state or local law regulating construction or the performance of construction.	-	
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR		
ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.	Wa	ater Dept. Approval:
APPLICANT	I -	
Name	_ Da	ate
Address		" " And English Approval:
		illding Application Approval:
E-Mail	l <u>-</u>	
Phone #	- Da	ate
Signature:Date		