

POST - APPLICATION FOR BUILDING PERMIT City and International Building Codes are enforced

1. PROPERTY OWNER'S INFORMATION

st Name MI		Last Name	Phone N	Number
eet Address	City	State		Zip
	2. PROPER	ΓΥ INFORMATION		
Address			Unit # (if any)	
odivision			Zoning	
	2 MVD	E OE DEDMIT		
		E OF PERMIT eck all that apply		
	Commercial	Residential		
New Construction Addition	Repair/RemodelRoofing	ExcavationElectrical!	MechanicalPlumb	ingDemo
	4. DESCRIPTION	OF WORK TO BE DO	NE	
Provi	de details on plot plan along with exist			
	Estimated Cost of Cor	nstruction \$		
Estimated Sta	rt Date/	Estimated Completion	Date//	
ame of Contractor	5. CONTRAC' Please list additional general contrac	•		
ief Executive Officer			Phone No	
rson in Charge of Work			Phone No	
ntractor Address				
Addres	s	City	State	Zip
		CTOR INFORMATION ior trades, use additional sheet(s) if applications and the state of the state		
ntractor	Trade	City,State,Zip		Phone No.
tractor	Trade	City,State,Zip		Phone No.
tractor	Trade	City,State,Zip		Phone No.
tractor	Trade	City,State,Zip		Phone No.

7. ADDITIONS AND NEW CONSTRUCTIONS

Original Sq. Ft	New So	լ Ft	Total Sq. Ft		
If Applicable: # of Buildings:	# of unit	s:	Sprinkler System Sq Footage		
	8. Cl	ERTIF	TICATION		
	ponsibility	for the esta	work is authorized by the owner of record and that I have been authorized by the owner and/or blishment of official property lines for required setbacks prior to the start of construction, and he and correct to the best of my knowledge.		
I understand that by my signature I certify that approved, a permit has been issued and all ident			nmenced $\frac{BUT}{D}$ work will cease $\frac{UNTIL}{D}$ the application has been example are paid in full.		
APPLICANT SIGNATURE			DATE		
Address	Phone No				
THIS APPLICATION EXPIRE	S 90 DAY	YS FROM	APPLICTION DATE IF NO PERMIT IS ISSUED		
-					
			<u>ORMATION</u>		
		ted by the	Building Inspection Department Only		
> FLOODPLAIN EVALUATI	<u>ON</u>				
•			Lowest Floor Elevation		
Flood Zone			Base Flood Elevation		
Flood Plain Manager Signature			DATE/		
> ZONING PLAN EVALUAT	<u>'ION</u>				
Zoning District			Map Number		
Lot Area			Lot Coverage (%)		
Off Street Parking Spaces, Required			Provided		
Loading Space					
Signs: Number of signs Size o					
Planning Commission Approval Required:	Y	N	Approved / Denied Date/		
Board of Zoning Appeals Approval Required:	Y	N	Approved / Denied Date/		
Covenant Committee Approval Required:	Y	N	Approved / Denied Date/		
APPLICATION IS: GRANTED		DE	NIED		
Building Inspector Signature					
> FINAL INSPECTION					
DATE PASSED/SIGNATURE C	F BUIL	DING I	NSPECTOR		
> CERTIFICATE OF OCCUP	PANC	\mathbf{Y}			
REQUESTED ON/					
SIGNATURE OF ISSUANT			DATE ISSUED / /		