



BUILDING INSPECTION DIVISION PERMIT APPLICATION

Address of Work/Site:

Unit/Apt.

PC # (Office Use)

APPLICANT

Name/Company:

Address:

City: State: Zip:

Contact (Name):

Area Code: Phone:

Email Address:

OWNER OF PROPERTY

Name/Company:

Address:

City: State: Zip:

Contact (Name):

Area Code: Phone:

Email Address:

CONTRACTOR

Name/Company: License #:

Address:

City: State: Zip:

Contact (Name):

Area Code: Phone:

Email Address:

ARCHITECT/DESIGNER

Name/Company:

Address:

City: State: Zip:

Contact (Name):

Area Code: Phone:

Email Address:

Property Type (check box): <input type="checkbox"/> Single-Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other (specify): _____	Square Footage Information			Construction Cost = Labor & Materials Project Cost
	Existing	New	Remodel	

SCOPE OF WORK:
