

## **Building Permit Application**

| Permit Number:  |  |
|-----------------|--|
| Assoc. Permits: |  |



Please read and follow all instructions on your application, submittal checklists and/or applicable supplemental forms carefully. Staff will not process incomplete applications. Please print or type legibly.

| Please complete as applicable (check all that apply): |                            |                |              |  |  |  |  |  |
|---|----------------------------|----------------|--------------|--|--|--|--|--|
| ☐ Residential ☐ Ne                                    | w Construction             | ] Demolition   | ☐ Plumbing   |  |  |  |  |  |
| ☐ Non-Residential ☐ Al                                | teration                   | ] Repair       | ☐ Mechanical |  |  |  |  |  |
| ☐ Tenant Improvement ☐ Ac                             | ldition                    | ] Sign         | ☐ Fire       |  |  |  |  |  |
| Description of Work:                                  |                            |                |              |  |  |  |  |  |
|   |                            |                |              |  |  |  |  |  |
|   |                            |                |              |  |  |  |  |  |
|   |                            |                |              |  |  |  |  |  |
| CONTRACT VALUE (EXCLUI                                | DING SALES TAX,            | SEE "FEES" BEI | LOW): \$     |  |  |  |  |  |
| Site Address:   | Suite Number(s):           |                |              |  |  |  |  |  |
| Subdivision:  | Lot No.:                   |                |              |  |  |  |  |  |
| Property Owner/Occupant Name:                         | Phone:                     |                |              |  |  |  |  |  |
| Address:  |                            | Cell:          |              |  |  |  |  |  |
| City:   | State:                     | Zip:           | Fax:         |  |  |  |  |  |
| E-Mail:   |                            |                |              |  |  |  |  |  |
| Architect/Engineer Name:                              |                            | Phone:         |              |  |  |  |  |  |
| Address:  |                            |                | Cell:        |  |  |  |  |  |
| City:   | State:                     | Zip:           | Fax:         |  |  |  |  |  |
| E-Mail:   |                            |                |              |  |  |  |  |  |
| Contractor Name:                                      |                            | Phone:         |              |  |  |  |  |  |
| Address:  |                            | Cell:          |              |  |  |  |  |  |
| City:   | State:                     | Zip:           | Fax:         |  |  |  |  |  |
| State Contractor's License Number:                    | City Business Lice         | ense Number:   |              |  |  |  |  |  |
| Contact Person, if different:                         |                            |                | Phone:       |  |  |  |  |  |
| E-Mail:   |                            |                | Cell:        |  |  |  |  |  |
| ***FEES*** +++ For specific fee information, see      | Lot No.:   Phone:   Phone: |                |              |  |  |  |  |  |

Fees for single-family or duplex residential buildings are calculated by the number of fixtures (see following page).

Fees for *all other buildings, including but not limited to commercial, institutional, or residential complexes of 3 units or more*, are all calculated by contract price. Provide individual contract amounts on the following page.

Date:



Signature of Owner/Agent:

## ALL APPLICANTS MUST NOTE THE NUMBER OF EACH TYPE OF FIXTURE BELOW

| PLUMBING                                  |  |   |  |   | MECHANICAL   |   |                                |  |  |
|---|--|---|--|---|--|---|--------------------------------|--|--|
| No.                                       | Type of Fixture  | Fee   | Total  | No.                                     | Type of Fixture  | Fee   | Total                          |  |  |
|   | Backflow Protection Device   | \$30.00/ea  |  |   | Forced Air System (up to 100,000 BTU)  | \$24.00/ea  |                                |  |  |
|   | Bathtub w/ or w/o Shower   | \$18.00/ea  |  |   | Forced Air System (100,001 BTU or above)   | \$36.00/ea  |                                |  |  |
|   | Clothes Washer   | \$18.00/ea  |  |   | Gas Dryer  | \$30.00/ea  |                                |  |  |
|   | Dishwasher   | \$18.00/ea  |  |   | Gas Piping (1-4 appliances)  | \$24.00   |                                |  |  |
|   | Electric Water Heater  | \$18.00/ea  |  |   | Gas Piping (5+ appliances, per additional appliance over 4)  | \$24.00 +<br>\$6.00/ea                                |                                |  |  |
|   | Hose Bibs/ Vacuum Breakers   | \$18.00/ea  |  |   | Gas Stovetop/Range   | \$30.00/ea  |                                |  |  |
|   | Kitchen Sink w/ or w/o Disposal  | \$18.00/ea  |  |   | Gas Water Heater   | \$30.00/ea  |                                |  |  |
|   | Laundry Tray   | \$18.00/ea  |  |   | Metal Fireplace  | \$30.00/ea  |                                |  |  |
|   | Lavatory (Wash Basin)  | \$18.00/ea  |  |   | Range Hood (Type II)   | \$30.00/ea  |                                |  |  |
|   | Lawn Sprinkler System  | \$18.00/ea  |  |   | Tanks (Propane, etc.)  | \$24.00/ea  |                                |  |  |
|   | Shower   | \$18.00/ea  |  |   | Ventilation Fan  | \$12.00/ea  |                                |  |  |
|   | Water Closet (Toilet)  | \$18.00/ea  |  |   | Air Conditioning, Boilers, or Refrigeration 3 HP / 100,000 BTU   | +++   |                                |  |  |
|   | Water Piping & Treating Equipment  | \$18.00/ea  |  |   | Air Conditioning, Boilers, or Refrigeration 15 HP / 500,000 BTU  | +++   |                                |  |  |
|   | Drinking Fountain  | +++   |  |   | Air Conditioning, Boilers, or Refrigeration 30 HP / 1,000,000 BTU  | +++   |                                |  |  |
|   | Floor Sink   | +++   |  |   | Air Conditioning, Boilers, or Refrigeration 50 HP / 1,750,000 BTU  | +++   |                                |  |  |
|   | Grease Interceptor   | +++   |  |   | Air Conditioning, Boilers, or Refrigeration<br>Over 50 HP  | +++   |                                |  |  |
|   | Floor Drain w/ Trap Primer   | +++   |  |   | Air Handling Unit CFM  | +++   |                                |  |  |
|   | Medical Gas Piping   | +++   |  |   | Exhaust Hood (Type I)  | +++   |                                |  |  |
|   | Slop Sink  | +++   |  |   | Exhaust Hood (Type II)   | +++   |                                |  |  |
|   | Trap Primer  | +++   |  |   | Install/Relocate Ducts   | +++   |                                |  |  |
|   | Urinal   | +++   |  |   | Unit Heaters   | +++   |                                |  |  |
|   | Other:   | +++   |  |   | Other:   | +++   |                                |  |  |
|   | Permit Processing Fee  | \$36.00   | \$36.00  |   | Permit Processing Fee  | \$36.00   | \$36.00                        |  |  |
|   |  | TOTAL   |  |   |  | TOTAL   |                                |  |  |
| PLU                                       | MBING CONTRACT VALUE***  | *: \$   |  | ME                                      | CHANICAL CONTRACT VALUE***: \$   |   |                                |  |  |
| if cor<br>and e<br>above<br>comp<br>local | astruction or work is suspended or abar<br>examined this application and know the<br>e premises to perform work for which<br>eleted whether specified or not. The gra<br>law regulating construction or the perf | ndoned for a per<br>e same to be truthe permit appi<br>anting of a permit | eriod of 180 ue and correct lication is manit does not | days at an<br>et to the b<br>ade. All p | if work or construction authorized is not commend<br>ny time after work is commenced. I/We hereby ce<br>est of my knowledge and further that I am authori<br>provisions of laws and ordinances governing this to<br>to give authority to violate or cancel the provision | rtify that I have<br>ized by the own<br>ype of work w | e read<br>ner of the<br>ill be |  |  |
| and e<br>above<br>comp<br>local           | examined this application and know the<br>e premises to perform work for which<br>eleted whether specified or not. The gra   | e same to be tru<br>the permit app<br>anting of a peri                    | ne and correct<br>lication is ma<br>mit does not       | et to the bade. All p                   | est of my knowledge and further that I am authorovisions of laws and ordinances governing this   | r   | orized by the own              |  |  |