

**APPLICATION FOR PLAN EXAMINATION & BUILDING PERMIT**

<b>I. PROJECT &amp; OWNER INFORMATION</b>			
Project Address		P.I.N	
Owner's Name	Phone	Email	
Owner's Address	City	State	Zip

<b>II. CONSTRUCTION INFORMATION</b>		
<b>Type of Improvement (Check all that Apply)</b> <input type="checkbox"/> New Building <input type="checkbox"/> Building Demolition <input type="checkbox"/> Addition <input type="checkbox"/> Remodel/Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Other _____	<b>Proposed Use</b> <u>Residential</u> <input type="checkbox"/> One Family <input type="checkbox"/> Two or More Family Enter # of Units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Other _____	<u>Nonresidential</u> <input type="checkbox"/> Industrial/Manufacturing <input type="checkbox"/> Stores/Retail <input type="checkbox"/> Service Station/Repair Garage <input type="checkbox"/> Hospital/Institutional/Schools <input type="checkbox"/> Office/Bank/Professional <input type="checkbox"/> Other _____
Describe Full Scope of Work _____ _____ _____		
<b>Total Cost of Improvement: \$</b> _____		

<b>III. CONTRACTORS/DESIGN PROFESSIONAL (if applicable)</b>			
<b>A. General Contractor</b>			
Contact Person	Company		
Address	City	State	Zip
Phone/Fax	Email		
<b>B. Electrical Contractor (City Registration)</b>			
	Phone	Lic.#	
<b>C. Mechanical Contractor (City Registration)</b>			
	Phone	Lic.#	
<b>D. Plumbing Contractor (City Registration)</b>			
	Phone	Lic.#	
<b>E. Roofing Contractor (City Registration)</b>			
	Phone	Lic.#	
<b>V. CONTRACTORS/DESIGN PROFESSIONAL (if applicable)</b>			
<b>F. Architect/Engineer (if applicable)</b>			
Name	Company		
Phone/Fax	Email		
<b>PLAN SUBMITAL IF APPLICABLE</b>			

