

APPLICATION FOR PLAN EXAMINATION & BUILDING PERMIT

I. PROJECT & OWNER INFORMATION			
Project Address		P.I.N	
Owner's Name	Phone	Email	
Owner's Address	City	State	Zip

II. CONSTRUCTION INFORMATION		
Type of Improvement (Check all that Apply) <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 _____	Proposed Use <u style="text-align: center;">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 style="text-align: center;">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 _____ _____ _____		
Total Cost of Improvement: \$		

III. CONTRACTORS/DESIGN PROFESSIONAL (if applicable) List ALL Other Subcontractors on a separate sheet if needed			
A. General Contractor			
Contact Person		Company	
Address	City	State	Zip
Phone/Fax	Email		
B. Electrical Contractor (City Registration)			
		Phone	Lic.#
C. Mechanical Contractor (City Registration)			
		Phone	Lic.#
D. Plumbing Contractor (City Registration)			
		Phone	Lic.#
E. Roofing Contractor (City Registration)			
		Phone	Lic.#
V. CONTRACTORS/DESIGN PROFESSIONAL (if applicable)			
F. Architect/Engineer (if applicable)			
Name		Company	
Phone/Fax	Email		
PLAN SUBMITAL IF APPLICABLE			