

CITY OF STERLING
APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections I, II, III, IV, and IX			
I. LOCATION OF BUILDING	AT (LOCATION) _____ (NO.) _____ (STREET) _____ ZONING DISTRICT _____		
	BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____		
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____		
II. TYPE AND COST OF BUILDING - All applicants complete Parts A - C			
A. TYPE OF IMPROVEMENT <input type="checkbox"/> New Building <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any in Pt B) <input type="checkbox"/> Alteration (See 2 above) <input type="checkbox"/> Repair, Replacement <input type="checkbox"/> Demolition (If multi-family residential, enter number of units in bldg. In Part C) <input type="checkbox"/> Moving (Relocation)		B. PROPOSED USE - For "Wrecking" most recent use. Residential <input type="checkbox"/> One Family <input type="checkbox"/> Two or More Family - Enter number of units _____ <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Other - <i>Specify</i> _____	
C. COST Cost of Improvement \$ _____ <i>To be installed but not included in the above cost</i> a. Electrical..... b. Plumbing..... c. Heating, air conditioning..... d. Other (sprinkler, etc.)..... TOTAL COST OF IMPROVEMENT \$ _____		<i>(Omit Cents)</i> Nonresidential - Describe in detail proposed use of building, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____ _____ Mixed Use: _____	
III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts D-L; for demolition, complete only Part J, for all other, skip to IV.			
D. PRINCIPAL TYPE OF CONSTRUCTION <input type="checkbox"/> Masonry <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other - <i>Specify</i> _____		G. SEWAGE DISPOSAL <input type="checkbox"/> Existing connection <input type="checkbox"/> Requires new connection H. WATER SUPPLY <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (well, cistern)	J. DIMENSIONS Number of stories..... Total Square feet of floor area, all floors, based on exterior dimensions..... Total Land Area, sq. ft.....
E. PRINCIPAL TYPE OF HEATING FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other - <i>Specify</i> _____		I. TYPE OF MECHANICAL Type of heating? <input type="checkbox"/> Boiler <input type="checkbox"/> Forced Air <input type="checkbox"/> Roof-top <input type="checkbox"/> Other (specify) Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	K. NUMBER OF OFF-STREET PARKING SPACES Enclosed Outdoors
F. TYPE OF FOUNDATION <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Concrete Block <input type="checkbox"/> Wood		L. RESIDENTIAL BUILDINGS ONLY Number of bedrooms (residential only) Number of bathrooms, kitchens and/or employee breakrooms, etc. Number of partial bathrooms	

IV. IDENTIFICATION - To be completed by all applicants			
Name	Mailing address - Number, Street, City and State	ZIP code	Tel. No.
1. Owner or Lessee			
2. Contractor		Builder's License No.	
3. Architect or Engineer			
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.			
Signature of Applicant		Address	Application date

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD - For office use							
Plan Reviews Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
SPRINKLER		\$					
OTHER _____		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTIONAL APPROVALS									
Permit or Approval	Required	Not Required	Date Approved	By	Permit or Approval	Required	Not Required	Date Approved	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
SPRINKLER					OTHER _____				
OTHER _____									

VII. VALIDATION	
Building Permit number _____ Building Permit issued _____ 19_____ Building Permit Fee \$ _____	<p align="center"><u>FOR DEPARTMENT USE ONLY</u></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Certificate of Occupancy \$ _____	
Drain Tile \$ _____	Approved by: _____
Plan Review Fee \$ _____	_____
	TITLE

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT	
USE	
FRONT YARD	
SIDE YARD	SIDE YARD
REAR YARD	
NOTES	

IX. SITE OR PLOT PLAN - *For Applicant Use*

--	--