



BUILDING PERMIT SUBMITTAL FORM

***Applicant's Name:** _____ ***Phone:** _____

***Applicant's Email:** _____

***Inspection Contact Name :** _____ ***Phone:** _____

Please fill in applicable information below and return this form to Building Division staff. If marked with *, information is required

<p>*Job Site Address _____</p> <p>*Owner's Name _____</p> <p>Mailing Address _____</p> <p>City, State, Zip _____</p> <p>Tel No _____</p>	<p style="text-align: center;">*Type of permit(s) requested</p> <p>(Be sure to fill in the work sheet for each permit discipline)</p> <p>Occupancy _____ Type of Construction _____</p> <p>Proposed Work _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Valuation: _____</p>
<p><input type="checkbox"/> Owner/Builder</p>	<p>Tenant Improvement: <input type="checkbox"/> N/A</p> <p>Type of Business _____</p> <p>Company Name _____</p> <p>Contact Person of Company _____</p> <p>Tel No _____</p>
<p><input type="checkbox"/> Architect/Designer's Name _____</p> <p>License No. _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Tel No _____</p>	<p>*Square footage:</p> <p>Dwelling: _____</p> <p>Attached Garage: _____ Porch: _____</p> <p>Addition: _____</p> <p>Alteration/Remodel: _____</p> <p>Deck/Balcony: _____</p> <p>Attached Patio Cover: _____</p> <p>Reroof : _____ (sq)</p> <p>Detached Accessory structure: _____</p> <p>Pool / Spa: _____ / _____</p> <p>Fence/Retaining wall : _____ (linear feet)</p>
<p><input type="checkbox"/> Engineer's Name _____</p> <p>License No. _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Tel No _____</p>	
<p><input type="checkbox"/> Contractor's Company Name _____</p> <p>Contractor License No. _____</p> <p>Lic. Expiration date _____</p> <p>Contractor License Class _____</p>	