

IMPORTANT- COMPLETE All ITEMS- MARK BOXES WHERE APPLICABLE

I. LOCATION OF BUILDING

NAME

911/Physiscal ADDRESS

PERMIT # _____

FLOOD ZONE BFE MAP# FINISHED FLOOR LOT SIZE

MAP/PARCEL #

II. TYPE AND COST OF BUILDING/IMPROVEMENT

TYPE OF IMPROVEMENT

1. NEW BUILDING/STICK BUILDING
2. MODULAR HOME off frame on frame
Roof Pitch _____
3. MOBILE HOME single d-wide
4. ADDITION – Size _____x_____
5. ALTERATION
6. REPAIR/REPLACEMENT
7. WRECKING
8. OTHER OWNERSHIP
9. PRIVATE, INDIVIDUAL, CORPORATION,
NONPROFIT, ETC.
10. PUBLIC, FEDERAL, STATE, OR LOCAL
GOVERNMENT

10A. COST OF IMPROVEMENT _____

To be installed but not included above

- a. ELECTRICAL
- b. PLUMBING
- c. OTHER

10B. TOTAL COST _____

10C. CURRENT VALUE _____
(ALTERATION/REMODEL)

PROPOSED USE

11. ONE FAMILY
12. TWO OR MORE FAMILIES/#
13. TRANSIENT HOTEL, MOTEL OR
DORMITORY
14. GARAGE - SIZE _____x_____
15. CARPORT – SIZE _____x_____
16. UTILITY BUILDING- SIZE _____x_____
17. MOBILE HOME
SIZE _____x_____ YEAR _____
18. MOBILE HOME PARK
19. TRAVEL TRAILER
20. TRAVEL TRAILER PARK

21. INDUSTRIAL
22. CHURCH, OTHER REIGIOUS
23. SERVICE STATION, REPAIR GARAGE
24. OFFICE, BANK, PROFESSIONAL
25. PUBLIC UTILITY
26. SCHOOL, LIBRARY, OTHER
EDUCATIONAL
27. STORES, MERCANTILE
28. TANKS
29. TOWER – HEIGHT _____
30. DECK / PORCH – SIZE _____x_____
31. SIGN - SIZE _____
32. PIER – SIZE _____
33. OTHER _____

III. SELECTED CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME

33. MASONARY (LOAD
BEARING)
34. WOOD
35. STRUCTURAL STEEL
36. REINFORCED CONCRETE
37. OTHER

TYPE OF SEWAGE DISPOSAL

43. PUBLIC OR PRIVATE
COMPANY
44. INDIVIDUAL (SEPTIC)

49. NUMBER OF STORIES _____

50. HEATED SQ.FT _____

OTHER SQ. FT. _____

TOTAL SQ.FT _____

51. NUMBER OF PARKING SPACES

____ ENCLOSED
____ OUTDOORS

52. _____ #OF BEDROOMS

53. _____ #OF BATHROOMS

54. VENTING REQUIREMENTS

_____ sq. ft. is required for venting

_____ sq. in. is required for flood
vents

PRINCIPLE TYPE OF HEAT

38. GAS
39. OIL
40. ELECTRICITY
41. COAL
42. OTHER
- 42b. _____ #OF FIREPLACES

TYPE OF WATER SUPPLY

45. PUBLIC OR PRIVATE
COMPANY
46. INDIVIDUAL (WELL)

TYPE OF MECHANICAL

47. CENTRAL A/C
 YES NO
48. ELEVATOR
 YES NO

IV. IDENTIFICATION					
OWNER NAME	MAILING ADDRESS	PHONE #			
DO NOT WRITE IN THIS SPACE-FOR OFFICAL USE ONLY					
APPROVED BY	PERMIT FEE	FINE	HOMEOWNER RECOVERY FUND	DATE ISSUED	DATE CO ISSUED

PERMIT TOTAL \$ _____

V. CONTRACTORS	
NAME, ADDRESS, PHONE & LICENSE NUMBER AND EMAIL ADDRESS	
<u>THIS SECTION MUST BE FILLED OUT COMPLETELY BEFORE APPLICATION IS APPROVED</u>	
GENERAL	Signature _____
ELECTRICAL	Signature _____
PLUMBING	Signature _____
MECHANICAL (Heating & A/C)	Signature _____
MOBILE HOME DEALER	
MOBILE HOME MOVER	Signature _____
OTHER	

SIGNATURE: _____ DATE: _____

- **BY APPLYING FOR AND RECEIVING THIS PERMIT I HERBY AUTHORIZE THE INSPECTOR AND TAX ACCESSOR TO ENTER THE ABOVE SAID PROPERTY UPON PRESENTATION OF PROPER CREDITIALS**
- **THE PERMIT CARD MUST BE POSTED AT THE JOB SITE**
- **All failed inspections are subject to a \$25.00 re-inspect fee.**

NO APPLICATION WILL BE REVIEWED UNTIL ALL DOCUMENTATION IS PRESENT
SEE PERMIT CARD FOR TIME RESTRICTIONS