

UNIFORM CONSTRUCTION PERMIT APPLICATION



Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____ Tel. (____) _____

Address _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (____) _____

Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: (____) _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____ Contact _____

6. Responsible Person in Charge once Work has Begun _____ FAX: (____) _____

Tel. (____) _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	\$	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.

2. Height of Structure _____ sq. ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____ no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

(office use only)

OPTIONAL (for office use only)

II. PROPOSED WORK	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
						Approval	Rejection	
1. <input type="checkbox"/> Minor Work								
2. <input type="checkbox"/> New Building								
3. <input type="checkbox"/> Addition								
4. <input type="checkbox"/> a Repair								
<input type="checkbox"/> b Alteration								
<input type="checkbox"/> c Renovation								
<input type="checkbox"/> d Reconstruction								
5. <input type="checkbox"/> Fire Protection								
6. <input type="checkbox"/> Plumbing								
7. <input type="checkbox"/> Electrical								
8. <input type="checkbox"/> Elevator Devices								
9. <input type="checkbox"/> Asbestos Abat. Subch. 8								
10. <input type="checkbox"/> Lead Hazard Abatement								
11. <input type="checkbox"/> Demolition								
TOTAL COST								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: All Units Income-restricted

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- 1. Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
- 2. High Pressure Boilers
- 3. Pressure Vessels
- 4. Refrigeration Systems
- 5. Cross-Connections/Backflow Preventers
- 6. Hazardous Uses/Places of Assembly
- 7. Sprinklers
- 8. Smoke Control Systems in Open Wells
- 9. Underground Storage Tanks
- 10. Swimming Pools, Spas and Hot Tubs

III. DO YOU WANT: (optional)

- 1. Partial Releases
- 2. Prototype Processing