BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I[redacted]

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 _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Mechanical			
6.	Subtotal	$		
7.	Plan Review			
8.	Scan Fee	$		
9.	Administrative Fee	$		
10.	L & I Training Fee	$		
11.	Subtotal	$		
12.	Cert. of Occupancy			
13.	Other			
14.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories		
2.	Height of Structure	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		

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abatement									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ 1-2 Family/R-3
4. ☐ Residential Care <17 (R4)
5. ☐
6. ☐

No. of dwelling units:

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: