



Residential Addition and Remodel Building Permit Application

(Please Print)

REMODEL: REM _____ - _____

ADDITION: ADD _____ - _____

APPLICATION DATE: _____

PROJECT ADDRESS: _____

DESCRIPTION OF WORK: _____

USE OF PROPOSED CONSTRUCTION: _____

APPLICANT: _____

PHONE: _____ EMAIL: _____

OWNER NAME: _____

OWNER ADDRESS: _____

PHONE: _____

CONTRACTOR INFORMATION	
GEN. CONTRACTOR:	REG. #:
PLUMBING:	REG. #:
ELECTRICAL:	REG. #:
MECHANICAL:	REG. #:

AN ISSUED PERMIT BECOMES NULL AND VOID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. REQUESTS FOR INSPECTIONS REQUIRE A MINIMUM 24-HOUR NOTICE.

I HAVE CONTACTED THE HOMEOWNERS ASSOCIATION (HOA) OR OTHERWISE VERIFIED AND HAVE RECEIVED HOA APPROVAL IF APPLICABLE. BY SIGNING THIS APPLICATION, I CERTIFY THAT THE PLANS AND ALL CONSTRUCTION IF APPLICABLE, MEETS OR EXCEEDS CURRENT CODE REQUIREMENTS. I HEREBY AFFIRM I HAVE READ THE APPLICATION, THE ABOVE STATEMENTS ARE TRUE AND CORRECT, AND I ALSO AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF THE ADOPTED BUILDING CODES.

- Plans must be legible and drawn to scale.
- Please submit digital plans including the following information:

Begin Date: _____

Completion Date: _____

THE FOLLOWING PLANS MUST BE ATTACHED

Plot Plan/Site Plan			
Floor Plan			
Mech, Elec & Plumb. Plans			
Roof Framing Plan			
Ceiling Joist Framing Plan			
Engineered Foundation Plan			
Structure Elevations			
Drainage Plan			

AREA OF CONSTRUCTION

Total Site Area	<input type="checkbox"/>	Sq. Ft.
Total Site Area	<input type="checkbox"/>	Acres
Number of Stories		

PROPOSED STRUCTURE FLOOR AREAS

Structure will Cover	Sq. Ft.
Total Conditioned Space	Sq. Ft.
Existing Sq. Footage	Sq. Ft.
Additional Sq. Footage	Sq. Ft.
Garage Sq. Footage	Sq. Ft.
Covered Porch Sq. Footage	Sq. Ft.
Open Deck Sq. Footage	Sq. Ft.

ADDITIONAL INFORMATION

Number of Bedrooms:	
Number of Bathrooms:	

Applicant Name: _____

Date: _____



Contractor Acknowledgements

Permit Application Plans Submittal Checklist

(Please Print)

REMODEL: REM _____ - _____

ADDITION: ADD _____ - _____

ONLY individual contractors MUST COMPLETE AND SIGN this form.
If your State License or COI (Certificate of Insurance) is expired the permit you are working will be invalid and will not be issued or may be cancelled by the Building Official.

Construction address: _____

Building Contractor: _____

MASTER ELECTRICIAN'S STATEMENT

I, _____, do acknowledge that **I will be doing the electrical work** for the
(print name)

construction at the above stated address.

_____/_____/_____
(date) (signature) License # Exp. date Cert. of Insurance exp.date

(Company name, address & phone number)

MASTER PLUMBER'S STATEMENT

I, _____, do acknowledge that **I will be doing the plumbing work** for the
(print name)

construction at the above stated address.

_____/_____/_____
(date) (signature) License # Exp. date Cert. of Insurance exp.date

(Company name, address & phone number)

MECHANICAL/HVAC STATEMENT

I, _____, do acknowledge that **I will be doing the mechanical/HVAC work**
(print name)

for the construction at the above stated address.

_____/_____/_____
(date) (signature) License # Exp. date Cert. of Insurance exp.date

(Company name, address & phone number)