



**COMMERCIAL
BUILDING PERMIT
APPLICATION**

PROJECT LOCATION _____
(road / street)

OWNER/LEASEE _____
(please print)

OWNER/LEASEE'S ADDRESS _____
(number) (road / street)

_____ (state) _____ (zip code) _____ (phone) _____ (date)

SIGNATURE: _____

\$	TOTAL COST
----	------------

TYPE OF IMPROVEMENT (check one)	
<input type="checkbox"/>	NEW BUILDING
<input type="checkbox"/>	ADDITION
<input type="checkbox"/>	ALTERATION
<input type="checkbox"/>	REPAIR, REPLACE
<input type="checkbox"/>	MOVING
<input type="checkbox"/>	FOUNDATION
PROPOSED USE (check one)	
<input type="checkbox"/>	ASSEMBLY (50 or more)
<input type="checkbox"/>	BUSINESS
<input type="checkbox"/>	EDUCATIONAL (K – 12)
<input type="checkbox"/>	FACTORY
<input type="checkbox"/>	INSTITUTIONAL (Health Care/ Detention)
<input type="checkbox"/>	MERCANTILE (Retail)
<input type="checkbox"/>	STORAGE (Warehouse/Parking)
<input type="checkbox"/>	OTHER (tower etc.) SPECIFY:
TYPE OF FRAME (check one)	
<input type="checkbox"/>	WOOD FRAME
<input type="checkbox"/>	STRUCTURAL STEEL
<input type="checkbox"/>	CONCRETE
<input type="checkbox"/>	OTHER SPECIFY:
TYPE OF HEATING FUEL	
<input type="checkbox"/>	SPECIFY:
TYPE OF SEWAGE DISPOSAL (check one)	
<input type="checkbox"/>	PUBLIC SYSTEM
<input type="checkbox"/>	PRIVATE SYSTEM
TYPE OF WATER SUPPLY (check one)	
<input type="checkbox"/>	PUBLIC SYSTEM
<input type="checkbox"/>	PRIVATE SYSTEM
DIMENSIONS	
<input type="checkbox"/>	NUMBER OF STORIES
<input type="checkbox"/>	TOTAL GROUND FLOOR AREA (sq. ft.)
<input type="checkbox"/>	TOTAL UPPER OF STORY AREAS (sq. ft.)
<input type="checkbox"/>	TOTAL IMPERVIOUS SURFACES (sq. ft.)
<input type="checkbox"/>	TOTAL # OF PARKING SPACES PROVIDED

**THIS APPLICATION MUST BE ACCOMPANIED BY:
THREE (3) SETS OF STAMPED (A/E) PLANS**

2003 INTERNATIONAL BUILDING CODE

TO BE COMPLETED BY CITY STAFF

ZONING DATA		
<input type="checkbox"/>	MAP	
<input type="checkbox"/>	LOT	
<input type="checkbox"/>	ZONING DISTRICT	
<input type="checkbox"/>	FRONT SETBACK	
<input type="checkbox"/>	SIDE / REAR SETBACKS	
CONSTRUCTION DATA		
<input type="checkbox"/>	SPRINKLED	
<input type="checkbox"/>	HANDICAPPED	
<input type="checkbox"/>	IN 100 YEAR FLOOD ZONE	
<input type="checkbox"/>	PERMIT STATUS	
<input type="checkbox"/>	ZONING CLASS	
<input type="checkbox"/>	USE GROUP	
<input type="checkbox"/>	CONSTRUCTION TYPE	
<input type="checkbox"/>	IMPROVEMENT TYPE	
FEES		
<input type="checkbox"/>	UNFINISHED AREAS	\$.05 p/sq. ft.
<input type="checkbox"/>	NEW CONSTRUCTION	\$.18 p/sq. ft.
<input type="checkbox"/>	RENOVATION	\$.13 p/sq. ft.
<input type="checkbox"/>	ACCESSORY&PARKING	\$.05 p/sq. ft.
<input type="checkbox"/>	LATE	DOUBLED
<input type="checkbox"/>	REVIEW FEE	\$ 30.
<input type="checkbox"/>	TOTAL FEE	
APPROVALS (Date)		
<input type="checkbox"/>	SANITARY DISTRICT	
<input type="checkbox"/>	WATER DISTRICT	
<input type="checkbox"/>	CITY ENGINEER	
<input type="checkbox"/>	CEO / LPI	

Name: _____

Location: _____

Map: _____

Lot: _____

Permit #: _____