



**COMMERCIAL/RESIDENTIAL BUILDING PERMIT APPLICATION**  
 (Addition, Deck, Demolition, Garage, Remodel, Shed)

<b>Address of Building Site:</b>	<b>Parcel Number:</b>
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<b>Year Home was Constructed:</b>	Pre-1978 <input type="checkbox"/> (Complete Area Below)	After 1978 <input type="checkbox"/>
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<b>Lead Certification Information:</b>	
Included <u>Lead-Free</u> Certification with Application <input type="checkbox"/>	Work Being Conducted by Homeowner <input type="checkbox"/>
Work Being Conducted by Certified/Licensed Firm: <input type="checkbox"/>	EPA Number: _____

<b>Legal Description:</b>	
Type of Improvement:	<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Reroof <input type="checkbox"/> Raze <input type="checkbox"/> Move
Project Description:	<b>Estimated Cost:</b>
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Licensed Contractor <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Project Manager <input type="checkbox"/> Other	

<b>Property Owner Name:</b>			
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>	<b>Telephone Number:</b>	<b>Email:</b>	

<b>Applicant Name:</b>		<b>License Number:</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>	<b>Telephone Number:</b>	<b>Email:</b>	

<b>Contractor Name:</b>		<b>License Number:</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>	<b>Telephone Number:</b>	<b>Email:</b>	

<b>Designer Name:</b>		<b>License Number:</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>	<b>Telephone Number:</b>		

<b>Excavator Name:</b>			
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>	<b>Telephone Number:</b>		

<b>Mechanical Contractor Name:</b>			
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>	<b>Telephone Number:</b>		

<b>Plumbing Contractor Name:</b>			
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>	<b>Telephone Number:</b>		

Signature of Applicant or Agent: \_\_\_\_\_ Date: \_\_\_\_\_