

Miscellaneous Simple Permit Application

Part 1. Project Location Information		
Project Address:	Suite#:	
Subdivision:	Block:	Lot:
Property Owner or Tenant Name:	Phone:	
	Email:	
Part 2. Contractor Information	Address/City/State/Zip	Contact
1) Company:		Phone:
		Email:
2) Company:		Phone:
		Email:
3) Company:		Phone:
		Email:
4) Company:		Phone:
		Email:
Part 3. Type of Permit		
<input type="checkbox"/> Electrical Commercial / Residential <input type="checkbox"/> HVAC Commercial / Residential <input type="checkbox"/> Plumbing Commercial / Residential <input type="checkbox"/> Re-Roof Commercial / Residential <input type="checkbox"/> Irrigation - # of double checks _____ <input type="checkbox"/> Patio Cover <input type="checkbox"/> Foundation Repair <input type="checkbox"/> Storage Building Prefab Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Carport Prefab Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Access Control <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Solar Panels (Alt. Energy Generation) <input type="checkbox"/> Satellite Dish/Radio Tower <input type="checkbox"/> Tent Start date _____ End date _____ <input type="checkbox"/> Temporary Sale _____ Start date _____ End date _____ Car Wash: Y <input type="checkbox"/> N <input type="checkbox"/> Will food products be sold? Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Fence Is this permit requested due to a notice from Property Standards? Y <input type="checkbox"/> N <input type="checkbox"/> Is this a pool or spa enclosure? Y <input type="checkbox"/> N <input type="checkbox"/> Is there a retaining wall? Y <input type="checkbox"/> N <input type="checkbox"/> Electric Gate? Y <input type="checkbox"/> N <input type="checkbox"/> Retaining Wall Height: _____ Fence Height: _____ Fence Material: _____
Description of Work:	Square Footage (If Applicable):	Valuation of Work:
<p><i>I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</i></p>		
Your name (Printed):	Signature:	Date:
Email:	Phone:	Fax:
<p><i>AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. ALL PERMITS REQUIRE FINAL INSPECTION.</i></p>		
Below is for office use only		
Permit Technician Approval:	Date:	
Plans Examiner Approval:	Date:	
Permit Received By:	Date:	
Comments:		