



COMMERCIAL BUILDING PERMIT APPLICATION

OWNER: _____

MAILING ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL _____

SITE LOCATION: _____

DESIGN PROFESSIONAL: _____

OFFICE # _____ CONTACT # _____

CONTRACTOR (if not owner): _____

OFFICE # _____ CONTACT # _____ CR# _____

ADDRESS: _____

OCCUPANCY TYPE & USE: _____

TYPE OF WORK: _____

VALUE OF CONSTRUCTION: _____

START DATE OF CONSTRUCTION: _____ COMPLETION DATE: _____

SEWER PERMIT NUMBER: _____

SIGNATURE OF APPLICANT OR AGENT: _____

ADMINISTRATION ONLY

PERMIT FEE: _____ FINAL INSPECTION DEPOSIT: _____ DATE PAID: _____

PARCEL NUMBER: _____ ZONE DISTRICT: _____

PERMIT NO: _____ ISSUE DATE: _____