



Application for Construction Permit

Project Name: _____		
Address: _____		
Submitting Company Name: _____		
Address: _____		
Contact: _____		
Phone: _____	Alt. Phone: _____	Fax: _____

Permit Information		
<input type="checkbox"/> Construction Documents	<input type="checkbox"/> Site Plans	<input type="checkbox"/> Conditional Permit
Plans Type		
<input type="checkbox"/> Automatic Sprinkler System	<input type="checkbox"/> Fire Alarm/Detection System	<input type="checkbox"/> Fire Hydrants/Fire Pumps
<input type="checkbox"/> Fire Extinguisher Placement	<input type="checkbox"/> Fire Lanes/Emergency Access	<input type="checkbox"/> Fixed Extinguishing Systems
<input type="checkbox"/> Fire Protection/Barriers	<input type="checkbox"/> HVAC/Smoke Control	<input type="checkbox"/> Egress/Emergency Lighting
Construction Method		
<input type="checkbox"/> New Occupancy	<input type="checkbox"/> Existing Occupancy	<input type="checkbox"/> Addition to Existing
Occupancy Type		
<input type="checkbox"/> Assembly	<input type="checkbox"/> Educational	
<input type="checkbox"/> Health Care	<input type="checkbox"/> Detention and Correctional	
<input type="checkbox"/> Residential	<input type="checkbox"/> Mercantile	
<input type="checkbox"/> Business	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Storage	<input type="checkbox"/> Mixed / Other	
Construction Type		
<input type="checkbox"/> Type I	<input type="checkbox"/> Type II	<input type="checkbox"/> Type III
		<input type="checkbox"/> Type IV
		<input type="checkbox"/> Type V
Special Features		
<input type="checkbox"/> Occupancy Change	<input type="checkbox"/> Renovation Plans	<input type="checkbox"/> Other
<input type="checkbox"/> Multi-Story	<input type="checkbox"/> Temporary Structure	<input type="checkbox"/> Special Hazards

Construction permits shall automatically become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

Applicant verifies that he/she has signed this application in the capacity designated, if any, and further attests that he/she has read this document, and that the statements contained herein and any attachments are true, accurate and factual.

_____ Applicant Signature

_____ Date

Office Use Only	
Permit Number: _____	Fees Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> First Submission	Received by: _____
<input type="checkbox"/> Second Submission	Date: _____
	Time: _____