



BUILDING PERMIT APPLICATION

Permit No.	Receipt No.	Permit Fee	Date Permit Issued			Issued By																																									
		\$	Day	Month	Year																																										
LOCATION OF IMPROVEMENT																																															
Street Address																																															
City	County	Zip Code	School District	Fire District	Census Tract	Tax District																																									
TAX MAP		SUBDIVISION																																													
Page	Block	Lot	Name	Section	Block	Lot																																									
NAME		MAILING ADDRESS		ZIP CODE		TELEPHONE																																									
Owner																																															
Architect																																															
Gen Contractor																																															
SELECTED CHARACTERISTICS OF WORK																																															
NATURE OF WORK	DIMENSIONS		DESCRIPTION OF WORK:																																												
New Building Addition Alteration Repair/Replacement Demolition Moving/Relocation Foundation Only	Number of Floors _____ Total Floor Area of New Construction Based on Exterior Dimensions _____ Sq. Ft. Heated _____ Basement _____ Accessory Structures _____ Land Area _____ Sq. Ft.																																														
OWNERSHIP Private (Individual, Corporation, Other) Public (Federal, State, Local Gov'ts, Other)																																															
PROPOSED USE (IF DEMOLITION INDICATE MOST RECENT USE)			ESTIMATED DATE OF COMPLETION																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">TYPE OF OCCURRENCE</th> <th style="width: 20%;">IF RESIDENTIAL</th> <th style="width: 10%;">UNITS</th> </tr> <tr> <td>Assembly</td> <td>One Family</td> <td>1</td> </tr> <tr> <td>Business</td> <td>Mobile Home</td> <td>1</td> </tr> <tr> <td>Educational</td> <td>Duplex</td> <td>2</td> </tr> <tr> <td>Hazardous</td> <td>Apartment</td> <td></td> </tr> <tr> <td>Factory-Industrial</td> <td>Condominium</td> <td></td> </tr> <tr> <td>Institutional</td> <td>Dorm/Rooming House</td> <td></td> </tr> <tr> <td>Mercantile</td> <td>Other (Specify)</td> <td></td> </tr> <tr> <td>Residential</td> <td>_____</td> <td></td> </tr> <tr> <td>Storage</td> <td>_____</td> <td></td> </tr> <tr> <td colspan="3">If Conversion, Explain: _____</td> </tr> </table>			TYPE OF OCCURRENCE	IF RESIDENTIAL	UNITS	Assembly	One Family	1	Business	Mobile Home	1	Educational	Duplex	2	Hazardous	Apartment		Factory-Industrial	Condominium		Institutional	Dorm/Rooming House		Mercantile	Other (Specify)		Residential	_____		Storage	_____		If Conversion, Explain: _____			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFF STREET PARKING</th> </tr> <tr> <td>Indoor</td> <td>Number _____</td> </tr> <tr> <td>Outdoor</td> <td>Number _____</td> </tr> <tr> <td>TOTAL</td> <td>_____</td> </tr> </table>				OFF STREET PARKING		Indoor	Number _____	Outdoor	Number _____	TOTAL	_____
			TYPE OF OCCURRENCE	IF RESIDENTIAL	UNITS																																										
Assembly	One Family	1																																													
Business	Mobile Home	1																																													
Educational	Duplex	2																																													
Hazardous	Apartment																																														
Factory-Industrial	Condominium																																														
Institutional	Dorm/Rooming House																																														
Mercantile	Other (Specify)																																														
Residential	_____																																														
Storage	_____																																														
If Conversion, Explain: _____																																															
OFF STREET PARKING																																															
Indoor	Number _____																																														
Outdoor	Number _____																																														
TOTAL	_____																																														
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">SINGLE FAMILY ONLY</th> </tr> <tr> <td>Rooms</td> <td style="text-align: center;">Number</td> </tr> <tr> <td>Bedrooms</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Bathrooms-Full</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Bathrooms- Partial</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Total Rooms</td> <td style="text-align: center;">_____</td> </tr> </table>				SINGLE FAMILY ONLY		Rooms	Number	Bedrooms	_____	Bathrooms-Full	_____	Bathrooms- Partial	_____	Total Rooms	_____																													
SINGLE FAMILY ONLY																																															
Rooms	Number																																														
Bedrooms	_____																																														
Bathrooms-Full	_____																																														
Bathrooms- Partial	_____																																														
Total Rooms	_____																																														
PRINCIPAL HEATING FUEL			TYPE OF WORK	VALUE	CONTRACTOR																																										
Gas Oil Electricity Coal Wood Other _____			Building	\$																																											
			Electrical	\$																																											
			Plumbing	\$																																											
			Heating	\$																																											
			Air Conditioning	\$																																											
			Other (Excluding Land)	\$																																											
SOURCE OF WATER SUPPLY:			TOTAL \$																																												
SOURCE OF SEWAGE DISPOSAL (Permit No):																																															
FLOOD PLAIN DATA- COMPLETE ONLY IF SITE IS WITHIN 100 YEAR FLOOD PLAIN																																															
Elevation of 100 Year Flood _____ Feet			First Floor Elevation Above Mean Sea Level _____ Feet																																												
Zoning Approval		Subdivision Approval			Storm Drainage Approval																																										

AFFIDAVIT OF APPLICANT

1. No work will be started before permit card is posted or continued if the permit card is destroyed, lost or stolen.
2. No work will be continued if permit card is destroyed, lost or stolen.
3. Contractor and subcontractors will secure (if required) a business license before beginning work.
4. This permit is void if job is not started within 6 months of application date.
5. I will be responsible and will pay for the business license of any contractor or subcontractor doing work on this project if found without a license.
6. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate any applicable governmental ordinances codes or laws, and that any omission of or misrepresentation of fact without intention of the undersigned or any alteration of change from this application without the approval of the Building Official, shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The permit does not authorize any encroachment upon public property.

Signature of Applicant _____

Address _____

Date _____

You can email the completed application to Rochelle Smith at rsmith@caycesc.gov.