

OFFICE USE

APPROVALS	Subdivision _____	Zoning District _____
	Plat Book _____ Page _____	Petition # _____
	Project # _____	Special Exception Rezoning Variance
	Future Land Use _____	Used Dwelling Temporary Use Other
	Zoning _____	SPMH # _____
	Inspection Area _____	Minimum Setbacks
Parcel Comments _____	_____ Front Left Right Rear	
JUR SEC TWP RNG SUB BLOCK LOT	Proposed Setbacks	_____ Front Left Right Rear
_____	Official Address _____	

BUILDING CHARACTERISTICS	Flood Zone _____	Type of Sewage Disposal	Type of Water Supply
	Base Flood Elevation On File _____	<input type="checkbox"/> Public/Private Utility <input type="checkbox"/> Private Septic Tank Septic Tank No. _____	<input type="checkbox"/> Public/Private Utility <input type="checkbox"/> Private Well
Occupancy Type	Mixed Occupancy	Construction Type	Area Modification
Group _____	Separation Req. _____	Type _____	<input type="checkbox"/> Yes
# Units _____	Principle Type Group _____	Protected <input type="checkbox"/>	<input type="checkbox"/> No
Dimensions	Accessory Type Group _____	Unprotected <input type="checkbox"/>	
Number of Stories _____		Sprinkler <input type="checkbox"/>	
Height _____			
Area _____			

PERMITS ISSUED FOR	Prefix	Type Code	Action Code	<input type="checkbox"/> Description Code _____	Transaction # _____	
	<input type="checkbox"/> Building Residential <input type="checkbox"/> Building Commercial <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Concrete <input type="checkbox"/> Temporary	<input type="checkbox"/> Primary <input type="checkbox"/> Sub <input type="checkbox"/> Sign Tag # _____ <input type="checkbox"/> Reference # _____	<input type="checkbox"/> Construct <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Manufactured <input type="checkbox"/> Installation	<input type="checkbox"/> Multiple Permit Application <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Excavation/Site Work <input type="checkbox"/> N. A.	Check # _____	Cash _____
					Total Permit Fee \$ _____	

SUPPLEMENTAL PERMIT REQUIREMENTS	TYPE	REQ	AUTH	Y	N	DWG REQ	REV REQ	FEE REQ	PLAN	REV FEE	NOC
	#										
	ELECTRICAL										
	HVAC										
	PLUMBING										
	ROOFING										
	ALARM SYSTEM										
	FIRE SPRINKLER										
	FIRE SUPPRESSION										
	FUEL LINES										
	FUEL TANK										
	GAS										
	HVAC/DUCT										
HVAC/HOOD											
LOW VOLTAGE											

ZONING APPROVAL:

BUILDING APPROVAL: