



Application for Building/Electrical/Zoning Approval

PROJECT # (office use) _____

PROJECT ADDRESS: _____

BUSINESS/TENANT NAME (if applicable): _____

- | | | | | | |
|--|--|---------------------------------------|--|--------------------------------|---|
| New Construction <input type="checkbox"/> | Interior Alteration <input type="checkbox"/> | Fire Alarm <input type="checkbox"/> | Reroof / Siding <input type="checkbox"/> | Deck <input type="checkbox"/> | Driveway <input type="checkbox"/> |
| Addition <input type="checkbox"/> | Exterior Alteration <input type="checkbox"/> | Suppression <input type="checkbox"/> | Accessory Structure <input type="checkbox"/> | Fence <input type="checkbox"/> | Shed <input type="checkbox"/> |
| Electrical <input type="checkbox"/> | HVAC <input type="checkbox"/> | Kitchen Hood <input type="checkbox"/> | Tent <input type="checkbox"/> | Pool <input type="checkbox"/> | Other (describe) <input type="checkbox"/> |
| Electrical Service Size _____ (Line Drawing Required over 400 AMP) | | | | | |

DESCRIBE PROPOSED WORK: _____

DESCRIBE TYPE OF BUSINESS (if applicable): _____

NAME	ADDRESS (INCLUDE CITY, STATE, & ZIP)	PHONE
Applicant / Contractor		
Owner / Lessee		
Applicant Name (Print)	(Sign)	
Applicant Email		

ESTIMATED COST & SQUARE FOOTAGE

Building Structure _____	Suppression/Fire Alarm _____
HVAC _____	TOTAL PROJECT COST _____
Miscellaneous _____	SQUARE FOOTAGE _____

BELOW IS FOR OFFICE USE ONLY

Issue Date _____	Approval Fee _____
Use Group _____	Plan Review Fee _____
Const. Type _____	Fire Dept. Review Fee _____
Approval By _____	Sub Total _____
Zoning District _____	1% (ORC) / 3% (OBC) _____
	TOTAL FEES _____
	Less Application Fee (_____)
	TOTAL DUE _____