

BUILDING PERMIT APPLICATION CITY OF BRAHAM

Permit No. _____

Date _____

1. DATE	2. SITE ADDRESS		FEES
3. LEGAL DESCRIPTION/PROPERTY I.D. #			
SECTION _____ LOT _____ BLOCK _____			
ADDITION _____ PLAT # _____ PARCEL # _____			
4. OWNER (Name) _____ (Address) _____ (Phone) _____			
5. ARCHITECT (Name) _____ (Address) _____ (Phone) _____			
6. BUILDER (Name) _____ (Address) _____ (Phone) _____			
7. CONTRACTOR'S LICENSE #			
8. TYPE OF WORK: COMMERCIAL _____ RESIDENTIAL _____ _____ Addition _____ Alterations _____ Chimney _____ Deck _____ Fence _____ Finish Attic _____ Finish Basement _____ Fireplace _____ Garage _____ Heating _____ New Construction _____ Plumbing _____ Porch _____ Residing _____ Re-roofing _____ Sign Misc. _____			
9. START DATE	10. COMPLETION DATE	11. ESTIMATED VALUE	
12. SIZE OF STRUCTURE (Ht.) _____ (Width) _____ (Depth) _____		13. NO. OF STORIES _____	14. PROPERTY DIMENSION (Width) _____ (Depth) _____
15. PROPOSED ELEVATION IN RELATION IN RELATION TO CURB OR WATERWAY _____ ELEVATION _____		16. PROPERTY AREA OR ACRES _____ Sq. Ft.	
17. FRONT YARD setback from street right-of-way _____	18. REAR YARD setback _____ Ft.	19. SIDE YARD setbacks Right Side _____ Left Side _____	
20. FLOOR AREA APPORTIONMENT USE Aggregate Floor Area _____ Sq. Ft.			
SPECIAL CONDITIONS: _____			
APP. ACCEPTED BY: _____		PLANS CHECKED BY: _____	PLANS APPROVED BY: _____
THIS PERMIT BECOMES NULL & VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION.			
Signature of Contractor/Owner _____			Date _____

 Permit Fee _____
 Plan Check Fee _____
 Penalty Fee _____
 Fireplace _____
 Plumbing Fee _____
 Septic Fee _____
 Mechanical Fee _____
 Water Fee _____
 Sewer Fee _____
 Surcharge Fee _____
 Others _____

TOTAL FEE
CODE ANALYSIS

 Type of Const. _____
 Use of Bldg. _____
 Occupancy Group _____

Zoning District _____

 Variance Granted _____
 Date _____

OFF STREET PARKING

 Spaces Required _____
 Spaces on Plan _____

MATERIALS FILED WITH APPLICATION

 Soils Report _____ Borings _____
 Percolation _____
 Compaction Test _____
 Plans & Specs. _____ Sets _____
 Survey _____ Copies _____
 Energy Calculations _____
 Piling Logs _____

FIRE SPRINKLERS REQ.
 Yes _____ No _____

SPECIAL APPROVALS

 Zonings _____
 Fire Dept. _____
 Health Dept. _____
 County _____
 Other _____

CERTIFICATE OF OCCUPANCY

 Date _____
 By _____

COMPLETED BY THE CITY OF BRAHAM	
Amt. Paid:	
Check No:	
Money Order	
Cash:	
Date:	
Initial:	

INSPECTOR _____

DATE _____

White-City Copy

Yellow-Applicant Copy