# BUILDING PERMIT APPLICATION

## CHENGWATANA TOWNSHIP

Permit No._____

Date_____

1. DATE

2. SITE ADDRESS

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 _____

### FEES

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 _____