

BUILDING PERMIT APPLICATION CHENGWATANA TOWNSHIP

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

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 _____