BUILDING PERMIT APPLICATION
CITY OF BRAHAM

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 _____Fireplace _____Septic _____Heating _____Plumbing

_____New Construction _____Addition _____Residing _____Alterations _____Finish Attic

_____Porch _____Garage _____Chimney _____Finish Basement 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/Ower Date

Plan Check Validation CK M.O. CASH

Permit Validation CK M.O. CASH

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_____

_____

INSPECTOR DATE

White-City Copy Yellow-Applicant Copy

COB-12/03
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