

Code Inspections, Inc.

CONSTRUCTION PERMIT APPLICATION

Permit Application will be automatically **REJECTED** if all highlighted areas are not filled out.
All other areas pertaining to the project shall also be filled out.

County: _____ **Municipality:** _____

Application Date: _____ **Approval Date:** _____ **Permit Number:** _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Site Address: _____ **Tax Parcel #:** _____

Lot #: _____ **Subdivision/Land Development:** _____ **Phase:** _____ **Section:** _____

- Check all that apply
- | | | | | | | | |
|--|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation | <input type="checkbox"/> Deck | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Pool | <input type="checkbox"/> Porch | |

Describe the proposed work: _____

Owner: _____ **Phone#:** _____ **Fax#:** _____

Mailing Address: _____ **E-Mail:** _____

Contractor Information

License #	Name	Address	Phone #
Applicant			
Design Professional			
Principal Contractor			
Excavation			
Masonry			
Concrete			
Carpentry			
Plumbing			
Sewer			
Electrical			
Mechanical			
Roofing			
Drywall or Lathing			
Sprinkler			
Paving			
Fire Alarm			

TOTAL ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

◆ Permit fees are not based on construction costs

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL One-Family Dwelling

Two-Family Dwelling

NON-RESIDENTIAL

Specific Use: _____

Change in Use: YES NO

Use Group: _____

If YES, indicate Former: _____

Maximum Occupancy Load: _____

Maximum Live Load: _____