



PLAN CHECK/BUILDING PERMIT APPLICATION

Date _____

Plan Check/Permit # _____

Job Address _____

Assessor's Parcel Number _____

Nearest Cross Street _____

Project Description: _____

Property Owner

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone #: (____) _____

Architect/Engineer

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone: (____) _____

License #: _____

Contractor

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone: (____) _____

City Business Lic. No.: _____

License Class and No.: _____

Worker's Comp Carrier: _____ Policy No. _____ Exp. Date: _____

Applied for by: _____

(Print Name)

***Signature:** _____

RESIDENTIAL PERMIT FEE WORKSHEET

			Square Footage	=	Valuation
Habitable Area	\$104.00	x	_____	=	_____
Garage	\$ 23.80	x	_____	=	_____
Covered Deck	\$ 20.00	x	_____	=	_____
Uncovered Deck	\$ 16.30	x	_____	=	_____
Retaining Wall	\$ 15.00	x	_____	=	_____
Other	\$ _____	x	_____	=	_____

**Flat Rate (Time and Materials for reroofs, residing, general rehab.)= _____