

# Commercial Building Permit Application



Please Note: **PLANS** - Full construction drawings (3 sets) are to be submitted with each application  
**FEES** - Must be paid at time of permit issuance  
**COMPLETENESS** - Incomplete applications will be returned in their entirety  
**DRIVEWAYS** - Permits for all road encroachments must be secured

A Building Permit issued pursuant to this application is valid only for 6 months: Provided that construction is commenced within such period, the permit shall be valid for five years. In no event will the permit issued hereunder be valid for more than five years.

Version 10-27-09

<b>Applicant's Name</b> _____ Address: _____ _____ Phone #: Home (    ) _____ Work (    ) _____  <b>Owner's Name</b> _____ Address: _____ _____ Phone #: Home (    ) _____ Work (    ) _____
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**Job Site Location** \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

**Lot Size** \_\_\_\_\_

**Type of Improvement** (Check one or all that apply)

- |                                       |                                   |                                     |
|---------------------------------------|-----------------------------------|-------------------------------------|
| New Building <input type="checkbox"/> | Addition <input type="checkbox"/> | Alteration <input type="checkbox"/> |
| Demolition <input type="checkbox"/>   | Repair <input type="checkbox"/>   | Other <input type="checkbox"/>      |

If other is checked above, then describe the type of improvement:

\_\_\_\_\_

**Proposed Use** (Commercial - check one or all that apply)

- |  |   |  |
|--|---|--|
| Restaurant <input type="checkbox"/>          | Business Office <input type="checkbox"/>    | Educational <input type="checkbox"/>         |
| Place of Worship <input type="checkbox"/>    | Hospital / Medical <input type="checkbox"/> | Industrial / Manuf. <input type="checkbox"/> |
| Mercantile / Retail <input type="checkbox"/> | Residential <input type="checkbox"/>        | Warehouse / Strge <input type="checkbox"/>   |
|  |   | Utility <input type="checkbox"/>             |

**Project Narrative** (Describe the scope of project)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Building Planning

**Table R301.2(1) - Climatic and Geographic Design Criteria - Local Conditions**

Ground Snow Load	Wind Speed (mph)	Seismic Design Factor	Subject to Damage From				Winter Design Temp	Ice Shield Under-layment Required	Flood Hazards	Air Freezing Index	Mean Annual Temp
			Weathering	Frost line Depth	Termite	Decay					
30 psf	90 mph	B	Severe	36 inches	Mod. / Heavy	Slight / Mod.	10°F	Yes	See FEMA Maps	900	51°F

**Use Group(s)** \_\_\_\_\_ If R-3, please submit a residential application  
**Construction Type** \_\_\_\_\_ Type Vb may be assumed unless otherwise specified

**Cost of Improvement**

Building \_\_\_\_\_  
 Electrical \_\_\_\_\_  
 Plumbing \_\_\_\_\_  
 Heating / Air \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL COST \$** \_\_\_\_\_

**Principle Type of Construction**

Masonry (Wall Bearing)   
 Wood Frame   
 Steel Structure   
 Reinforced Concrete

**Size of Building**

Number of Stories \_\_\_\_\_  
 Width \_\_\_\_\_  
 Length \_\_\_\_\_  
 Height - from finished grade to highest point of structure \_\_\_\_\_

**Floor Area**

Total Sq. Ft. of Interior Space \_\_\_\_\_  
 Sq. Ft. of Unfinished Basement \_\_\_\_\_  
 Sq. Ft. of any Mezzanines \_\_\_\_\_  
 Sq. Ft. of Yards or Courts \_\_\_\_\_  
 Sq. Ft. of detached accessory bldgs. including sheds, garages, and similar structures \_\_\_\_\_

**Is the site located within an identified flood prone area?** Yes  No

**Will any portion of the flood prone area be developed?** Yes  No

**List any special occupancies defined in Chapter 4 IBC:** \_\_\_\_\_

**Fire Protection System**

NFPA 13   
 NFPA 13R  New Install or Alterations  
 NFPA 13D  Check all that apply  
 Standpipe   
 Alarm & Det. Systm.

**Number of Off-Street Parking Spaces**

Enclosed \_\_\_\_\_ Outdoor \_\_\_\_\_

**On-Site Contact Person:**

Name \_\_\_\_\_  
 Phone # \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I am or have been authorized by the owner to make this application as his or her authorized agent and that we agree to conform to all applicable laws of jurisdiction. I also certify that I have read the supplemental forms outlining inspection requirements and procedures and agree to comply.

Signature \_\_\_\_\_

Date \_\_\_\_\_