



BUILDING PERMIT APPLICATION # _____

PROJECT ADDRESS				Property ID #					
Property Owner Information									
Name:									
Address:				City:		State:	Zip:		
Phone:				E-mail:					
Applicant Type		<input type="checkbox"/> Contractor <input type="checkbox"/> Property Owner (same information as above OR complete section below)							
Applicant / Contractor Information									
Applicant Name:				Contact Phone #:					
Company Name (if applies)					Contractor License #:				
Address:			City:		State:	Zip:			
Email:									
TYPE OF WORK				FEES					
<input type="checkbox"/> New Construction		<input type="checkbox"/> Deck		Permit Fee		\$			
<input type="checkbox"/> Addition		<input type="checkbox"/> Doors-Exterior		State Surcharge		\$			
<input type="checkbox"/> Alteration/Remodel		<input type="checkbox"/> Drain Tile		License Verification Fee		\$			
<input type="checkbox"/> Antenna/Cell Tower		<input type="checkbox"/> Roofing		Plan Review Fee		\$			
<input type="checkbox"/> Basement Finish		<input type="checkbox"/> Solar Panels		SAC Charge (units)		\$			
<input type="checkbox"/> Demo of Structure		<input type="checkbox"/> Windows		Sewer		\$			
<input type="checkbox"/> Fire Sprinkler System		<input type="checkbox"/> Windows-Egress		Water		\$			
<input type="checkbox"/> Set Up – Mobile Home		<input type="checkbox"/> Other:		Park Charge		\$			
Description of Work:				Other:		\$			
				VALUATION OF WORK: \$				TOTAL FEE	
								\$	
NOTICE				OFFICE USE ONLY					
<ul style="list-style-type: none"> Do Not Disturb Natural Drainage Separate permits required for Plumbing, Mechanical, and Electrical. Site plan required for new construction, additions, garages, decks. Siding requires an Electrical permit if electric is disturbed. <p>This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if abandoned or suspended for a period of 180 days at any time after work has begun</p> <p>I certify that all work will be done in accordance with the building codes and ordinances adopted by the City of Little Canada on the date that application is made. I assume full responsibility for the progress and completion of the work authorized by this permit.</p>				Const. Type		Occupancy Class			
				Zoning	Total Sq Ft		Required Parking		
				# Dwelling Units		# of Stories			
				Use of Building					
				Comments:					
PERMIT APPROVAL									
Check one: <input type="checkbox"/> contractor <input type="checkbox"/> authorized agent <input type="checkbox"/> property owner				PAID DATE					
_____ Printed name of applicant				_____ Building Official					
_____ Signature of applicant									
				_____ Date:					