

RESIDENTIAL BUILDING PERMIT APPLICATION

Check the box for each permit type you are applying for, then complete ALL FORM FIELDS in that section.
Applications will not be accepted with missing information. Applications are only submitted for review when the City has received the completed application, any/all supporting documents (i.e., zoning permit, building plans, etc.), and payment.

Parcel No.		Project Site Address							
Owner's Name				Owner's Phone Number		Owner's Mailing Address (if different from project site)			
CONSTRUCTION		PROJECT TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> RAZE <input type="checkbox"/> OTHER _____							
CONST Dwelling Contractor			Lic/Cert #		Mailing Address			Phone Number	
CONST Dwelling Contractor Qualifier			Lic/Cert #		Mailing Address			Phone Number	
ZONING:	Permit Req'd? <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Permit #	Zoning District		SETBACKS (FT)	Front	Rear	Left	Right
Description of CONST work				AREA INVOLVED (SQ FT)	Unfin Bsmt	Living Area	Garage	Deck/Porch	EST. COST \$
ELECTRICAL		PROJECT TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> TEMP. <input type="checkbox"/> OTHER _____							
ELEC Contractor			Lic/Cert #		Mailing Address			Phone Number	
ELEC Master Electrician			Lic/Cert #		Mailing Address			Phone Number	
Description of ELEC work					<input type="checkbox"/> New <input type="checkbox"/> Service Change <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		AMPS <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> Other _____		EST. COST \$
HVAC		PROJECT TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> OTHER _____							
HVAC Contractor			Lic/Cert #		Mailing Address			Phone Number	
Description of HVAC Work				EQUIPMENT TYPE <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> AC <input type="checkbox"/> Radiant Baseboard Heat or Panel		FUEL TYPE <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid <input type="checkbox"/> L.P. <input type="checkbox"/> Elect. <input type="checkbox"/> Solar			EST. COST \$
PLUMBING		PROJECT TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> OTHER _____							
PLUMB Contractor			Lic/Cert #		Mailing Address			Phone Number	
Description of PLUMB Work				EQUIPMENT TYPE <input type="checkbox"/> Water Heater <input type="checkbox"/> Water Softener <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Water Treatment System		FIXTURE(S) INVOLVED <input type="checkbox"/> Toilet <input type="checkbox"/> Shower <input type="checkbox"/> Bathtub <input type="checkbox"/> Whirlpool <input type="checkbox"/> Sink <input type="checkbox"/> Laundry Sink <input type="checkbox"/> Other _____			EST. COST \$
I understand that I: am subject to all applicable codes, laws, statutes and ordinances; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or the municipality and its agents; and certify that all the above information is accurate. I grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.									
Applicant Name (print)				Applicant Signature				Date	
Once issued, send permit via <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL to:		Email or Mailing Address							
FOR COMPLETION BY PROFESSIONAL STAFF									
Permit Fee \$		Payer		Check/Receipt #		Date Paid		Date Submitted for Review	
PERMIT ISSUED BY	Name			Cert. #			Application/Permit #		
REQUIRED INSPECTIONS: <input type="checkbox"/> Footings <input type="checkbox"/> Foundation <input type="checkbox"/> Framing <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Insulation <input type="checkbox"/> Final <input type="checkbox"/> Other _____									
Inspection prerequisites, conditions, requirements, etc.:									
Schedule inspections 24-48 hours in advance. Call 920.751.4200 ext. 402 or email bbending@mcmgrp.com for inspections as indicated above.									