

5. BUILDING PERMIT APPLICATION

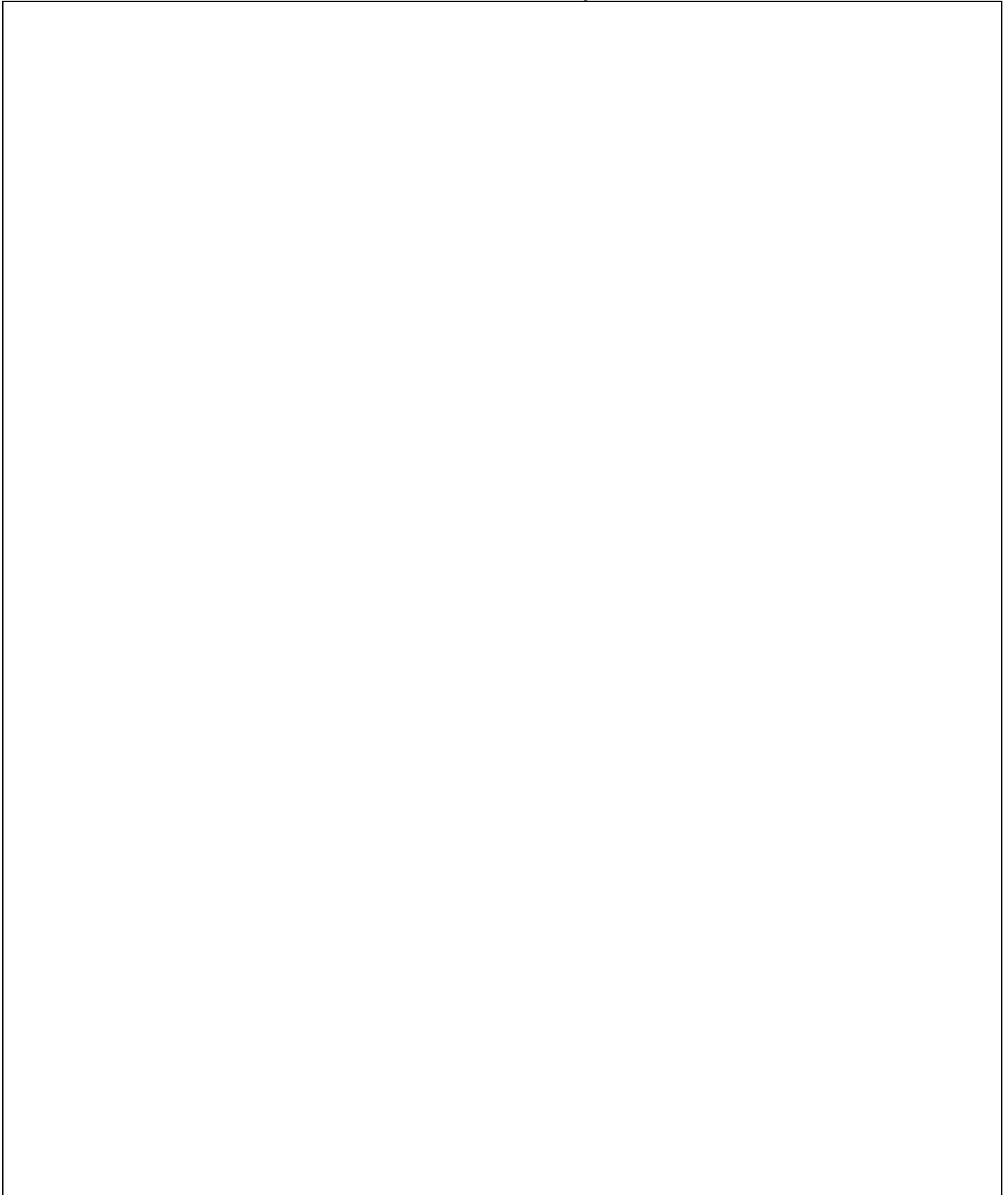
For Dept. Use Only		PROPOSED USE:	INSTITUTIONAL	<input type="checkbox"/> OTHER PARKING GARAGE
Plan Number		ASSEMBLY	<input type="checkbox"/> GROUP HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> JAIL	CARPORT
IMPROVEMENT TYPE:		<input type="checkbox"/> THEATRE <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> RESTAURANT <input type="checkbox"/> CHURCH <input type="checkbox"/> OTHER ASSEMBLY	<input type="checkbox"/> MERCANTILE	MOTOR FUEL SERVICE
<input type="checkbox"/> NEW CONSTRUCTION (1)		<input type="checkbox"/> BUSINESS	RESIDENTIAL	REPAIR GARAGE
<input type="checkbox"/> ADDITION (2)		EDUCATIONAL	<input type="checkbox"/> HOTEL, MOTEL <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> BOCA TWO FAMILY <input type="checkbox"/> CABO TWO FAMILY <input type="checkbox"/> BOCA ONE FAMILY <input type="checkbox"/> CABO ONE FAMILY	PUBLIC UTILITY
<input type="checkbox"/> ALTERATION (3)		<input type="checkbox"/> (GRADES 1-12) <input type="checkbox"/> DAY CARE FACILITY		_____
<input type="checkbox"/> REPAIR/ REPLACEMENT (4)		FACTORY	STORAGE	_____
<input type="checkbox"/> DEMOLITION (5)		<input type="checkbox"/> MODERATE HAZARD <input type="checkbox"/> LOW HAZARD <input type="checkbox"/> HIGH HAZARD	<input type="checkbox"/> MODERATE HAZARD <input type="checkbox"/> LOW HAZARD	_____
<input type="checkbox"/> RELOCATION (6)				_____
<input type="checkbox"/> FOUNDATION ONLY (7)				_____
<input type="checkbox"/> CHANGE OF USE ONLY (8)				_____
Structural (Check all that apply)		Exterior (Check all that apply)		
Frame		Walls		
<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other, Identify: _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete
<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood		<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood
Are any structural assemblies fabricated off-site?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. Feet)		
Front Setback (Feet)	Bedrooms (Number)	Building Area (Sq. Feet)		
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. Feet)		
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. Feet)		
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. Feet)		
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. Feet)		
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. Feet)		
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. Feet)		
Elevators/ Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. Feet)		
Est. Start Date:	Est. Finish Date:	Building Est. Value \$		

6. ELECTRICAL PERMIT APPLICATION

Total Service _____ AMPS		Number of Circuits: 2 WIRE 3 WIRE 4 WIRE			Number of Service outlets: 110V 220 V		
	POWER DEVICES	#	OUTPUT/LOAD		POWER DEVICES	#	OUTPUT/LOAD
1				7			
2				8			
3				9			
4							
5							
6				Total Number of Motors			
Utility Service Revisions:							
Est. Start Date:		Est. Finish Date:			Electrical Work Est. Value \$		

10. SITE PLAN

Show lot lines, easements and work layout and dimensions

A large, empty rectangular box with a thin black border, intended for the site plan drawing. The box is centered on the page and occupies most of the vertical space below the instructions.