



# CITY OF IRONTON APPLICATION FOR BUILDING PERMIT

App. Date	Type Permit:	<input type="checkbox"/> Electrical (E) <input type="checkbox"/> Plumbing (P)	<input type="checkbox"/> Building <input type="checkbox"/> Mechanical (M) <input type="checkbox"/> Other (O) (See Item 9)		Is Owner Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## 1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)	

## 2. OWNER INFORMATION

First Name	Last Name or Business Name	Phone
Street Address	City	State Zip

## 3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	STREET ADDRESS	CITY, ST.	LICENSE NO.
Applicant				
Architect/Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

## 4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of the City of Ironton. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

**X**  
SIGNATURE OF APPLICANT ADDRESS PHONE NO.

**X**  
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.



## 5. BUILDING PERMIT APPLICATION

For Dept. Use Only		<b>PROPOSED USE:</b> <b>ASSEMBLY</b> <input type="checkbox"/> THEATRE <input type="checkbox"/> NIGHT CLUB <input type="checkbox"/> RESTAURANT <input type="checkbox"/> CHURCH <input type="checkbox"/> OTHER ASSEMBLY			<b>INSTITUTIONAL</b> <input type="checkbox"/> GROUP HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> JAIL	<input type="checkbox"/> <b>OTHER</b> <b>PARKING GARAGE</b> <b>CARPORT</b> <b>MOTOR FUEL SERVICE</b> <b>REPAIR GARAGE</b> <b>PUBLIC UTILITY</b>	
<b>IMPROVEMENT TYPE:</b> <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR/ REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)			<b>MERCANTILE</b> <b>EDUCATIONAL</b> <input type="checkbox"/> (GRADES 1-12) <input type="checkbox"/> DAY CARE FACILITY			<b>RESIDENTIAL</b> <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	
			<b>BUSINESS</b> <b>FACTORY</b> <input type="checkbox"/> MODERATE HAZARD <input type="checkbox"/> LOW HAZARD			<b>STORAGE</b> <input type="checkbox"/> MODERATE HAZARD <input type="checkbox"/> LOW HAZARD	
			<input type="checkbox"/> <b>HIGH HAZARD</b>				
<b>Structural</b> (Check all that apply) <b>Frame</b> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Wood			<b>Exterior</b> (Check all that apply) <b>Walls</b> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Wood				
Are any <b>structural assemblies</b> 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				
<b>POWER DEVICES</b>		#	<b>OUTPUT/LOAD</b>		<b>POWER DEVICES</b>		#	<b>OUTPUT/LOAD</b>	
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 \$	

## 7. PLUMBING PERMIT

Enter the Number of Fixtures Being Installed, Replaced or Repaired				
Tubs/Showers		Drinking Fountains		Back Flow Preventers
Shower Stalls		Floor Drains		Water Pumps
Lavatories		Water Heaters		Roof Openings
Toilets		Water Softeners		Parking Lot Drains
Urinals		Sewage Ejectors		Inside Downspouts
Sinks		Sump Pumps		Swimming Pools
Laundry tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)
				Total Fixtures
Public Water (Y/N)		Public Sewer (Y/N)		
Water Service Size	IN.	Water Meter Size	IN.	Avg. Daily Water Use GPD
Utility Service Revisions:				
Est. Start Date	Est. Finish Date		Plumbing Work Est. Value \$	

## 8. MECHANICAL PERMIT APPLICATION

Enter the Number New or Replacement Units				
Forced Air Furnace		Incinerator		Air Handling Unit
Unit Heater		Boiler		Heat Pump
Gas/Oil Conversion		Coil unit		Air Cleaner
Space Heater		Window A/C Unit		Kitchen Exhaust Hood
Gravity Furnace		Split System A/C		Hazardous Exhaust System
Solid Fuel Appliance		A/C Compressor		Electric Furnace
Utility Service Revisions:				
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other				
Est. Start Date	Est. Finish Date		Mechanical Work Est. Value \$	

## 9. OTHER REQUIRED PERMIT APPLICATION(S)

Description of Work:		
Est. Start Date	Est. Finish Date	Est. Value \$

## 10. SITE PLAN

**Show lot lines, easements and work layout and dimensions**

