

**MASTER PERMIT APPLICATION**

**For Commercial and Residential Building, Mobile Home, Swimming Pool, Electrical, Mechanical and Plumbing Permits.**

**ALL BLANKS MUST BE FILLED IN (USE N/A IF NEEDED) INCOMPLETE APPLICATION WILL NOT BE ACCEPTED!!!**

<b>Permit No.</b>	<b>Date:</b>
<b>Parcel ID:</b>	<b>Job Site Address:</b>

**CONTRACTOR INFORMATION**

Business Lic/ Registration No. \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**OWNER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Applicant: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ Phone No. \_\_\_\_\_

**PROJECT INFORMATION**

Proposed Use: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot No. \_\_\_\_\_

Land Lots: \_\_\_\_\_ Dist: \_\_\_\_\_ Grading Permit: \_\_\_\_\_

Contract: YES or NO

Project Name: \_\_\_\_\_ Tenant: \_\_\_\_\_

Class Work: (circle one) New, Repair, Add, Move, Alter, Demolish

Permit Type: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Number of Buildings: \_\_\_\_\_ Number of Unit: \_\_\_\_\_ Building Height: \_\_\_\_\_

**IS THIS PROPERTY IN A FLOOD ZONE?** (yes or no) If yes, What type? \_\_\_\_\_

FLOOR AREA: Finished (Heated Area): \_\_\_\_\_ Unfinished: Garage \_\_\_\_\_ Carport \_\_\_\_\_

Porch \_\_\_\_\_ Deck \_\_\_\_\_ Patio \_\_\_\_\_ Basement \_\_\_\_\_ Storage \_\_\_\_\_ Other \_\_\_\_\_

AGRICULTURAL BLDS: \_\_\_\_\_ SWIMMING POOL: \_\_\_\_\_

**Please use square footage only!!! (Not Dimension)**

Total No. of rooms: \_\_\_ No. of Bedrooms: \_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_ Total No. of Fireplaces \_\_\_\_\_

Current use of property: vacant, residential, commercial, agricultural, and other.

Mobile Home Name: \_\_\_\_\_ Year/Model: \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_

Other buildings/structures on property: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Number of lots: \_\_\_\_\_ Zoning Class: \_\_\_\_\_

**MINIMUM SETBACK REQUIREMENTS:**

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Sides: \_\_\_\_\_ Corner: \_\_\_\_\_

Sewer System: \_\_\_\_\_ Septic (Health Dept. Permit Number) \_\_\_\_\_ Public \_\_\_\_\_ Private

Water System: \_\_\_\_\_ Well \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Private

Have you received a variance from the requirements for this project? Yes or No if so give date: \_\_\_\_\_

Will there be any plumbing covered by concrete in this structure? Yes or No

Will this be monolithic slab? Yes or No (Crawl Space) \_\_\_\_\_ (Basement) \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the above information is true and correct.

\_\_\_\_\_  
Applicant Signature