



Residential Building/Mobile Home – Permit Application

STAFF:

Permit Fee \$ _____ Infill Area Applicable? Y N

Plasticity Index _____

Date: _____ Cost of Work Being Performed \$ _____

Job Address: _____

Homeowner Name: _____ Phone: _____

Applicant Name: _____ Phone: _____

****Will spray foam insulation be installed in attic on ceiling joists? Y N ****

Building Contractor Business Name: (New Addition – Remodel – Demo)
Electrical Contractor Business Name: (Addition – Remodel – MH)
Mechanical Contractor Business Name: (Addition/Remodel – MH)
Plumbing Contractor Business Name: (Addition/Remodel/MH)

Type of Work: Spec Custom Addition Remodel/Alteration

Demolition: Interior/Entire Structure/Partial Structure Mobile Home

1st Floor Living _____ sq. ft. Garage _____ sq. ft. 2nd Floor/Living _____ sq. ft.

Porch _____ sq. ft. Other _____ sq. ft. 2nd Floor/Storage _____ sq. ft.

Total _____ sq. ft.

Setbacks: Front: _____ (Curb) Back: _____ Side: N S E W _____ Side: N S E W _____

Front: _____ (Property Line)

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Applicant Printed Name _____

Signature _____

Phone _____

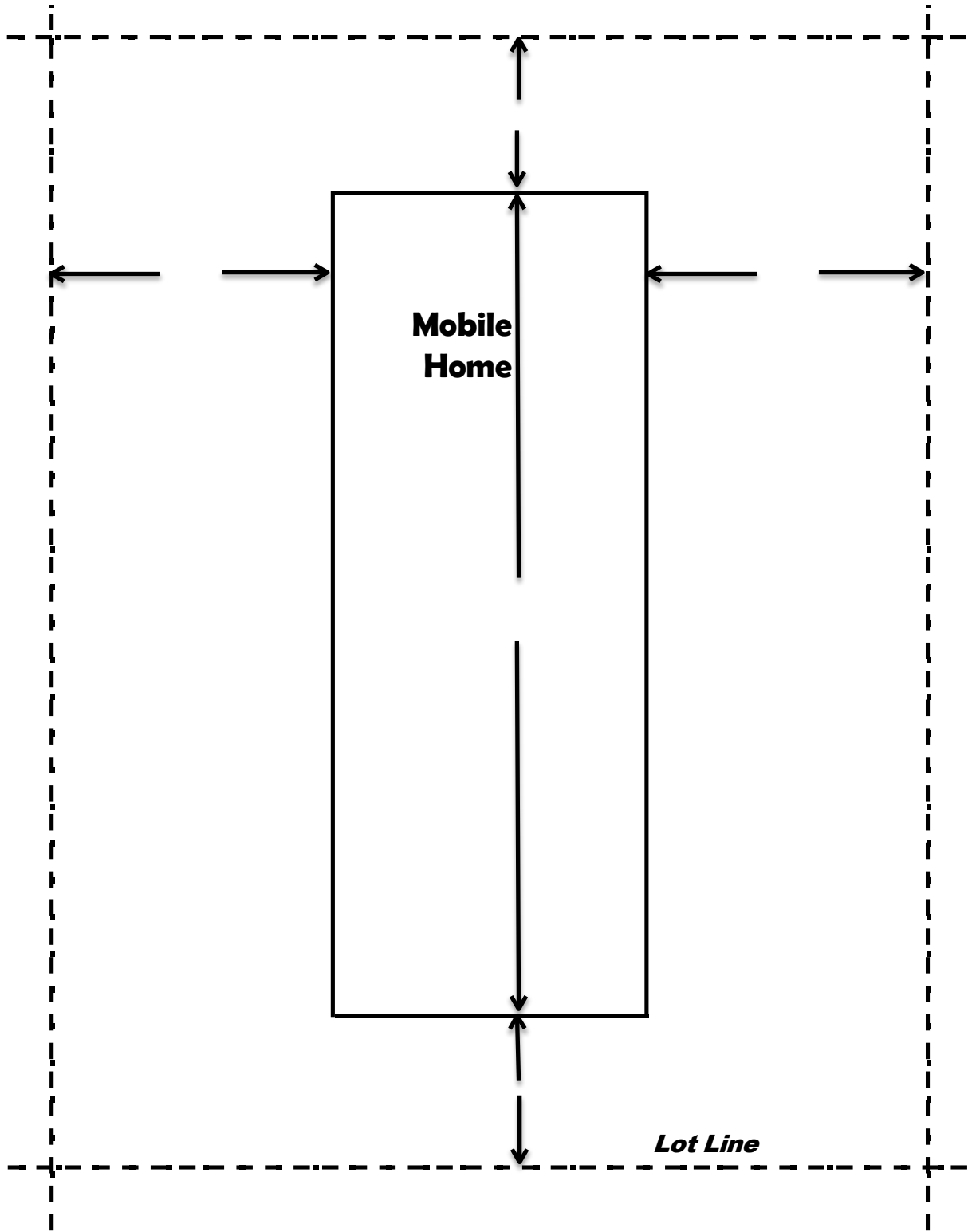
Email _____

Energy Compliance Requirements

Check One:

Prescriptive Method minimum requirements
u-value .30, SHGC - .30, R-value walls 13, R-value ceiling -R38

RES Check



Street Address: _____