

OFFICE USE ONLY:

Date Submitted: _____

PZE # _____



Commercial Building Permit Application

Submit with (2) printed drawings and (1) CD copy **PDF** format

Signed Plat to be included with drawings

(Mark X on category) Commercial Projects:	Accessory Bldg.	Commercial Bldg.	Deck/Ramp	Demo	Fence/Retaining Wall	Impervious Surface
Health Department letter is required at the time of submittal.	Multi Family	Repairs/Tenant Finish	Room Addition	Roof	Tanks/Tents Towers	Pools

Applicant: _____ Phone: (____) ____ - _____

Owner: _____ Address: _____

City: _____ State: _____ Zip: _____

Project Name: _____ Project Value \$ _____ (Dollar Amount)

Project Address: _____ # Buildings: _____ # Stories: _____

Total Square Footage under roof: _____ # Rooms each Bldg: _____ # Restrooms: _____

**The following items require a separate review and permit:
Swimming pools, Fences, Retaining Walls and Signs**

DESCRIPTION OF ALL WORK:

INCLUDE FIRE DAMAGE, INTERIOR/EXTERIOR, ADDITION, ACCESSORY & OTHER PROPOSED WORK

Signature: _____ Print Name: _____

Phone: (____) ____ - _____ Date: _____ Email: _____

OFFICE USE:

Plan Reviewer Notes: _____

Intials: _____ Date: _____

OFFICE USE:

Plan review fee: \$ _____

Permit Fee: \$ _____

Pmt Type: Ck# _____ CC: _____ **CASH**

Clerk: _____ Date Pd: _____