

OFFICE USE ONLY:

Date Submitted: \_\_\_\_\_

PZE # \_\_\_\_\_



### Commercial Building Permit Application

Submit with 1 CD Copy. PDF format Signed Plat to be included with drawings

**\* Health Department Letter is required at the time of submittal.**

(Mark <b>X</b> on (1) category) <b>Commercial Projects:</b>	Accessory Bldg.	New Commercial Bldg.	Deck/Ramp	Demo	Fence/Retaining Wall	Impervious Surface
<b>Other:</b> _____	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: \_\_\_\_\_

# Building: \_\_\_\_\_ # Stories: \_\_\_\_\_ # 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

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Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

#### OFFICE USE:

Plan Reviewer Notes:  
\_\_\_\_\_  
\_\_\_\_\_

#### OFFICE USE:

Plan review fee: \$ \_\_\_\_\_ Date Pd: \_\_\_\_\_  
Permit Fee: \$ \_\_\_\_\_ Date Pd: \_\_\_\_\_  
Pmt Type: Ck# \_\_\_\_\_ CC: \_\_\_\_\_ **CASH**  
Clerk: \_\_\_\_\_

Intials: \_\_\_\_\_ Date: \_\_\_\_\_