

V. PROPOSED USE		VI. WATER		VIII. DEMOLITION / RENOVATION PROJECTS	
<b>RESIDENTIAL</b>	Units _____	<b>NON-RESIDENTIAL</b>	Units _____	<b>For demolition / renovation projects involving a commercial, institutional or industrial structure or apartment building of more than four dwelling units, the following provisions are applicable:</b> <b>I. Renovation: Is asbestos present?</b> Yes _____ No _____ If asbestos is subsequently discovered, the applicant shall immediately provide notice to the DER and AQD and amend this application. <b>II. Demolition: All applicants must provide Notice to DER and AQD regardless of whether asbestos is present.</b>	
A. Single Family B. Duplex C. Condominiums E. Garage F. Carport G. Other _____ H. 3 or 4 Families I. Apartments J. Mobile Home	A. Amusement, Recreational B. Church, Other Religious C. Industrial D. Parking Garage E. Service Station, Repair Garage F. Hospital, Institutional G. Office, Bank, Professional H. Utility, Towers, Tanks I. School, Library, Other Educ. J. Stores, Mercantile L. Other _____ M. Convert Residence to Business N. Restaurant O. Hotel, Motel, Dormitory	A. Public-City B. Private Utility Company C. Private Well <b>VII. SEWAGE</b> A. Public-City B. Private Utility Company C. Private Septic			

IX. DIMENSIONS		X. MECHANICAL		XI. PRINCIPAL TYPE OF FRAME		XII. RESIDENTIAL	
A. Number of Stories _____ B. Total Floor Area Sq. Ft. Enclosed _____ Unenclosed _____ C. Total Land Area Sq. Ft. _____ D. Building Height Ft. _____ E. Altered Floor/Story _____ F. Altered Floor Area Sq. Ft. Enclosed _____ Unenclosed _____	A. HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No B. Type of Heating Fuel A. Electric   B. Oil C. Gas       D. Coal C. Fire Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No D. Elevator <input type="checkbox"/> Yes <input type="checkbox"/> No E. Fire Alarm System <input type="checkbox"/> Yes <input type="checkbox"/> No	A. Masonry (Load Bearing) B. Wood Frame C. Structural Steel D. Reinforced Concrete E. Other _____	Foundation _____ Load Bearing Walls _____ Columns _____ Floor Framing _____ Roof Framing _____	Single Family No. Bedrooms _____ Bathrooms _____ Full _____ Partial _____ Multi-Family No. Bedrooms _____	<b>XIII. TOTAL IMPERVIOUS AREA</b> _____ Sq. Ft. <b>XIV. S.I.C. CODE</b> _____ <b>XV. WHICH BUILDING CODE WAS USED FOR THE PLAN?</b> _____		1. _____ 2. _____ 3 or More _____

XVI. MOVING BUILDING		MOVING BUILDING ON		MOVING BUILDING OFF	
(Address on front page is where work will be performed) Landed Size of Building: Height: _____ Width: _____ Length: _____ Travel Route: _____ Notes: _____		(Address on front page is where work will be performed) Landed Size of Building: Height: _____ Width: _____ Length: _____ Travel Route: _____ Notes: _____		(Address on front page is where work will be performed) Landed Size of Building: Height: _____ Width: _____ Length: _____ Travel Route: _____ Notes: _____	

OFFICIAL USE ONLY			FEE CALCULATIONS	
<b>Certificate of Occupancy Information</b> <input type="checkbox"/> Flood Plain <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Occupancy Classification:</b> _____ <b>Occupancy Load:</b> _____ <b>Live Loads:</b> _____	<b>PERMIT REQUIREMENTS</b> 1. ( ) Submit two sets of shop drawings for _____ and secure approval prior to erection. 2. ( ) Separate Irrigation permit required. 3. ( ) No landscape required.   4. ( ) No tree removal permitted. 5. ( ) Initial and Final Elevation Certificates required-Submit to City Hall Initial Certificate prior to inspection requests for work completed above the slab. Submit Final Certificate prior to request for building final inspection. 6. ( ) _____ _____ _____ _____	Enclosed Divided Area: 1" thru 4" Floor _____ Above 4" Floor _____ Enclosed Undivided Area: _____ Unenclosed Area: _____ <b>TOTAL FEE</b> \$ _____ <b>RADON SQ. FOOTAGE</b> _____ (sf)	<b>AREA (SF)</b> _____ _____ _____	<b>FEES</b> _____ _____ _____

APPROVAL NOTES			
<b>PUBLIC WORKS</b> Interior Only <input type="checkbox"/> <b>NO OBJECTIONS</b> Office of the City Engineer BFE _____ FZ _____ No _____ Date _____ Signed _____	<b>FIRE MARSHALL</b> <input type="checkbox"/> No Exceptions <input type="checkbox"/> Exceptions as Noted Sheet # _____ Date _____ Signed _____	<b>HEALTH OFFICIAL</b> _____ _____ _____	<b>LANDSCAPE</b> _____ _____ _____
<b>ELECTRICAL</b> _____ _____ _____	<b>MECHANICAL</b> _____ _____ _____	<b>PLUMBING</b> _____ _____ _____	<b>CONCURRENCY MANAGEMENT</b> Deminimis _____ By _____ Date _____ Fair Share _____ By _____ Date _____ Override _____ Exempt _____ By _____ Date _____

<b>PLANNING</b> _____ _____ _____	<b>DOWNTOWN DEVELOPMENT AUTHORITY</b> _____ _____ _____	<b>VPAC / CRC NO.:</b> _____
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