

BUILDING PERMIT APPLICATION CITY OF FORESTON

Permit No. _____

Date _____

1. DATE	2. SITE ADDRESS	FEES Permit Fee _____ Plan Check Fee _____ Penalty Fee _____ Fireplace _____ Plumbing Fee _____ Septic Fee _____ Mechanical Fee _____ Water Fee _____ Sewer Fee _____ Surcharge Fee _____ Others _____ TOTAL FEE _____		
3. LEGAL DESCRIPTION/PROPERTY I.D.# SECTION _____ LOT _____ BLOCK _____ ADDITION _____ PLAT # _____ PARCEL # _____				
4. OWNER (Name) (Address) (Phone)				
5. ARCHITECT (Name) (Address) (Phone)				
6. CONTRACTOR (Name) (Address) (Phone)				
7. CONTRACTOR'S LICENSE #				
8. TYPE OF WORK: COMMERCIAL _____ RESIDENTIAL _____ ___ Addition ___ Alterations ___ Chimney ___ Deck ___ Fence ___ Finish Attic ___ Finish Basement ___ Fireplace ___ Garage ___ Heating ___ New Construction ___ Plumbing ___ Porch ___ Residing ___ Re-roofing ___ Sign Misc. _____		CODE ANALYSIS Type of Const. _____ Use of Bldg _____ Occupancy Group _____ Zoning District		
9. START DATE	10. COMPLETION DATE	11. ESTIMATED VALUE	Variance Granted Date _____	
12. SIZE OF STRUCTURE (Ht.) (Width) (Depth)	13. NO. OF STORIES	14. PROPERTY DIMENSION (Width) (Depth)	OFF STREET PARKING Spaces Required _____ Spaces on Plan _____	
15. PROPOSED ELEVATION IN RELATION TO CURB OR WATERWAY _____ ELEVATION		16. PROPERTY AREA OR ACRES Sq. Ft.	MATERIALS FILED WITH APPLICATION Soils Report Borings _____ Percolation _____ Compaction Test _____ Plans & Specs. _____ Sets _____ Survey _____ Copies _____ Energy Calculations _____ Piling Logs _____	
17. FRONT YARD setback from street right-of-way _____	18. REAR YARD setback Ft. _____	19. SIDE YARD setbacks Right Side _____ Left Side _____	FIRE SPRINKLERS REQ. Yes _____ No _____	
20. FLOOR AREA APPORTIONMENT USE Aggregate Floor Area _____ Sq. Ft.				
SPECIAL CONDITIONS: _____ _____ _____				
APP. ACCEPTED BY:		PLANS CHECKED BY:	PLANS APPROVED BY:	SPECIAL APPROVALS Zonings _____ Fire Dept. _____ Health Dept. _____ County _____ Other _____
THIS PERMIT BECOMES NULL & VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. 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 PERFORMANCE OF CONSTRUCTION.			CERTIFICATE OF OCCUPANCY Date _____ By _____	
Signature of Contractor/Owner _____		Date _____		

COMPLETED BY CITY OF FORESTON	
Amt Paid:	
Check No:	
Money Order	
Cash	
Date:	
Initial:	

INSPECTOR

DATE