

BUILDING PERMIT APPLICATION CITY OF MILACA

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 # _____ APPLICANT'S EMAIL _____			
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 _____	
20. FLOOR AREA APPORTIONMENT USE Aggregate Floor Area _____ Sq. Ft.			
SPECIAL CONDITIONS: _____ _____ _____			
APP. ACCEPTED BY: _____	PLANS CHECKED BY: _____	PLANS APPROVED BY: _____	FIRE SPRINKLERS REQ. Yes _____ No _____
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. _____ Signature of Contractor/Owner _____ Date _____			SPECIAL APPROVALS Zonings _____ Fire Dept. _____ Health Dept. _____ County _____ Other _____
			CERTIFICATE OF OCCUPANCY Date _____ By _____

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

INSPECTOR _____

DATE _____