

BUILDING PERMIT

CITY OF GANADO

Applicant to complete numbered spaces only.

1. JOB ADDRESS		2. DATE			
3. OWNER	MAIL ADDRESS	ZIP	PHONE		
4. CONTRACTOR	MAIL ADDRESS	PHONE	REGISTRATION NO.		
5. USE OF BUILDING					
6. CLASS OF WORK:					
<input type="checkbox"/> NEW		<input type="checkbox"/> ADDITION			
<input type="checkbox"/> REPAIR					
7. DESCRIBE WORK:					
8. VALUATION OF WORK: \$					
		PERMIT FEE			
SPECIAL CONDITIONS:		TYPE OF CONST.	OCCUPANCY GROUP		
			DIVISION		
		SIZE OF BLDG. (TOTAL) SQ. FT.	NO. OF STORES		
			MAX. OCC. LOAD		
FLOOD ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE ZONE	USE ZONE		
APPLICATION ACCEPTED BY:			FIRE SPRINKLERS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:	NO. OF DWELLING UNITS	OFFSTREET PARKING SPACES:		
			COVERED		
			UNCOVERED		
<p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>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 THE PERFORMANCE OF CONSTRUCTION.</p>		SPECIAL APPROVALS	REQUIRED	RECEIVED	NOT REQUIRED
		ZONING			
		HEALTH DEPT.			
		FIRE DEPT.			
		SOIL REPORT			
		OTHER (Specify)			
9. SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ (DATE)					
OR					
10. SIGNATURE OF OWNER _____ (DATE)					

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PERMIT VALIDATION CK. M.O. CASH