

# MISCELLANEOUS SIMPLE PERMIT APPLICATION

Application Number: \_\_\_\_\_

Project Address: \_\_\_\_\_

**Address:** \_\_\_\_\_ **Suite#** \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Owner or Tenant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Contractor/Company</u>	<u>Address:</u>	<u>City, State, Zip</u>	<u>Phone</u>

- Access Control
  - Electrical Com/Res
  - Fire Alarm
  - Foundation Repair
  - Fence
  - HVAC Com/Res
  - Irrigation- # of double v \_\_\_\_\_
  - Other \_\_\_\_\_
  - Patio Cover
  - Plumbing Com/Res
  - Re-Roof Com/Res
  - Satellite Dish/Radio Tower
  - Solar Panels (Alternate Energy Generation)
  - Storage Building Prefab Y  N
  - Temporary Sale Car Wash Y  N
  - Will any food products be sold? Y  N
  - Tent: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- Is this permit requested due to a notice by Property Standards? Y  N  Does fence enclose pool or spa? Y  N
- Is Retaining Wall required? Y  N  Height of Retaining Wall \_\_\_\_\_
- Fence Height \_\_\_\_\_ Fence Material \_\_\_\_\_

**Valuation of Work \$** \_\_\_\_\_

Square Footage \_\_\_\_\_ (If applicable)

## Description of Work

AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. **ALL PERMITS REQUIRE FINAL INSPECTION.**

I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

**CHOOSE ONE: CALL WHEN READY - MAIL - FAX NOTE: All FAXED PERMITS MINIMUM OF 24 HOURS TURNAROUND TIME**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please Print

\*\*\*\*\*office use only\*\*\*\*\*

Comments: \_\_\_\_\_

Rolled Plans  Attached Plans

Permit Technician Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Plans Examiner Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Received By: X \_\_\_\_\_ Date: \_\_\_\_\_

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