EPCIPARKER BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

DATE:	FBC #Permit Fee	
OWNER'S NAME:		
ADDRESS:		
CITY, STATE & ZIP CODE:	PHONE #	
FEE SIMPLE TITLE HOLDER (IF O	THER THAN OWNER):	
ADDRESS:		
CITY, STATE & ZIP CODE:	PHONE #	
CONTRACTOR'S NAME:		
ADDRESS:		
CITY, STATE & ZIP CODE:	PHONE #	
STATE LICENSE NUMBER:	COMPETENCY CARD #	
ADDRESS OF PROJECT:		
PROPOSED USE OF SITE:		
WILL THE STRUCTURE BE LOCNO	ATED AT LEAST 30 FEET FROM ANY BODY OF WAT	ER?YI
PROPERTY PARCEL ID #		
LEGAL DESCRIPTION OF PROPER	RTY:	
	A COMMERCIAL PROJECT PLEASE LIST THE NAM	1E OF TH
BUSINESS:		
	CITY, STATE & ZIP: E:	
MORTGAGE LENDER'S NAME:	CITY, STATE & ZIP:	
ADDRESS:	CITY, STATE & ZIP:	
WATER SYSTEM PROVIDER:	SEWER SYSTEM PROVIDER:	
PRIVATE WATER WELL:	SEPTIC TANK PERMIT NUMBER:	

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that NO WORK or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc.

PURPOSE OF BUILD	ING:			
Single Family	Townhouse	Commercial	Industrial	
Duplex	Swimming Pool	Storage	Sign	
Multi-Family	Demolition	Other		
Addition, Alteration	or Renovation to building.			
R. Side Cost of Construction \$ _ EPI	— Flood Zone	Square Footage _ Lowest Floor	L. Side Elevation # Of Units Type of Floor Width	
FINANCING, CONSUI OF COMMENCEMEN' copy of the Notice of Copermit or the applicant of the ap	T WITH YOUR LENDER T. For improvements to recommencement is required to may submit a copy of the lopy of the Notice of Commercian can be performed. Full delivery. EPCI/Parker Building Depart	OR AN ATTORNEY al property with a con- o be submitted to this Notice of Commencer encement must be pro- illing of the document	PERTY. IF YOU INTEND TO BEFORE RECORDING YOU struction cost of \$2,500 or more Department when application is ment along with an affidavit attivided to this Department before is that have been certified may me authority to enforce DEED	IR NOTICE e, a certified s made for a esting to its e the second
OWNER'S AFFIDAVI	And that all work will be do		in this application is true and con all applicable laws regulating	orrect to the
property that may be fou	and in the public records of	this county, and there	itional restrictions applicable to may be additional permits requi cies, or federal agencies.	ired from
Signature of Owner or A	agent	Signature	of Contractor	
Date:		Date:		
 Notary as to Owner or A	agent	Notary as	to Contractor	
My Commission expires		·	ission expires:	

APPLICATION APPROVED BY: _______ BUILDING OFFICIAL.