

PERMIT #

INGLESIDE ON THE BAY
APPLICATION FOR BUILDING PERMIT

JOB ADDRESS

BLOCK NUMBER LOT NUMBER(S) FLOOD ZONE YES NO

OWNER MAILING ADDRESS

PHONE FAX

CONTRACTOR MAILING ADDRESS

PHONE FAX

CLASS OF WORK: () ALTERATION () REPAIR () MOVE () REMOVE () RE-ROOF

DESCRIBE WORK:

LOT DIMENSIONS SET BACK: FRONT SIDE / BACK

TOTAL SQUARE FEET

SPECIAL CONDITIONS:

VALUATION OF WORK \$

ZONING CLASSIFICATION:

NOTICE

CONSTRUCTION MUST MEET ALL FEMA REQUIREMENTS AND INTERNATIONAL RESIDENTIAL CODE REQUIREMENTS. SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR COND. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER IT IS COMMENCED; OR IF UNAUTHORIZED VARIATIONS FROM THE APPROVED CONSTRUCTION PLANS ARE MADE.

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 FEDERAL, STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

DATE SUBMITTED:
Planning and Zoning Approval:
Date P&Z Approval:
Building Inspector Approval:
Date B/I Approval:
Permit Issues By:
DATE PERMIT ISSUED:

SIGNATURE OF OWNER OR CONTRACTOR /AUTHORIZED AGENT

*****OFFICE USE ONLY*****

FEE TOTAL CHECK # CASH