



APPLICATION FOR MISCELLANEOUS PERMIT



PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NUMBER: _____

CITY/LOCALITY: _____ CROSS STREET: _____

ASSESSOR INFORMATION NUMBER: _____ - _____ - _____

TENANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____ OWNER/BUILDER: YES NO
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ PHONE: (____) _____ EXT: _____

APPLICANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ PHONE: (____) _____ EXT: _____

CONTRACTOR: _____ LIC. NUMBER: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ PHONE: (____) _____ EXT: _____

ARCH/ENG: _____ LIC. NUMBER: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ PHONE: (____) _____ EXT: _____

WORK DESCRIPTION: _____

VALUATION: \$ _____ BUILDINGS ON LOT: _____

PROJECT SIZE: _____ SF NUMBER OF STORIES: _____ CONSTRUCTION TYPE: _____ OCCUPANCY GROUP: _____

FOR BUILDING AND SAFETY USE ONLY

TRAILER USE: _____

INSPECTION FOR – GEOLOGY: _____ OCCUPANCY: _____ SAFETY: _____ OTHER _____

LOT SIZE: _____ X _____ BLDGS ON LOT: _____

EXISTING BLDG USE: _____

BLDG SIZE: _____ (SQFT) NBR STORIES: _____

USE ZONE: _____ MAP NBR: _____

LIST ITEMS: _____

OCCUP GRP EXIST: _____ NEW: _____ CONST TYPE: _____ HIWAY TYPE: _____

SPECIAL COND'S: _____

OCCUP LOAD EXIST: _____ PROPOSED: _____ PRKG SPACES REQ'D: _____ PROV'D: _____

EXIT HARDWARE – NO SPCL KNOWLEDGE: _____ PANIC DEVICE: _____ NBR OF EXITS: _____

LIMITED TIME USE – FROM: _____ TO: _____