

Commercial Construction Permit Application

Required for all Commercial project submittals

Project Title: _____ **Date** _____

Project Location / Address: _____

Parcel Number / ID: _____

Project Scope: (New building, building addition, Tenant finish, Fire sprinkler, etc.)

Engineer/Designer/Architect (responsible for construction document(s)):

Organization Name: _____

Contact: _____ Phone Number: _____

Address: _____

Email Address: _____

Contractor Company Name: (If known) _____

Contact: _____ Phone Number: _____

Address: _____

Email: - _____

1. Estimated total project value: \$ _____ a) Building including site work: \$ _____

b) Mechanical: \$ _____ c) Electrical: \$ _____ d) Plumbing: \$ _____

e) Fire Sprinkler: \$ _____ f) Fire Alarm: \$ _____

2. Existing use of property or building: _____

3. Use group per IBC: _____

4. Current zoning classification: _____ Proposed zoning: _____

5. Occupant load per IBC: _____ Construction type per IBC: _____

6. Number of driveways: New _____ Existing _____ Total parking lot square feet: _____ (ft²)

7. Total site area? _____ (ft²) Total disturbed area? _____ (ft²)

8. Area of new structure or addition: _____ (ft²) Total area of building: _____ (ft²)

9. Area of renovated or remodeled space _____ (ft²)

10. Building number of stories _____ Dimensions of any retaining walls _____

11. Fire Sprinklers: Existing modification? Yes No New System: Yes No

Signature: _____ Title: _____ Date: _____