Applicant to complete numbered spaces only. ( SEE ATTACHED SHEET) ZIP OWNE 3 ARCHITEC MAIL ADDRESS MAIL ADDRESS PHONE LICENSE NO. 5 MAIL ADDRESS BRANCH 6 USE OF BUILDING MOVE NEW ☐ ADDITION □ ALTERATION REPAIR ☐ REMOVE Class of work: Change of use from Change of use to 11 Valuation of work: \$ PLAN CHECK FEE PERMIT FEE SPECIAL CONDITIONS Type of Occupancy Division Const. Group Size of Bldg. 1280 No. of Max. (Total) Sq. Ft. Stories Occ. Load Fire Sprinklers Fire Use APPLICATION ACCEPTED BY PLANS CHECKED BY APPROVED FOR ISSUANCE BY Zone Zone / Required Yes OFFSTREET PARKING SPACES Uncovered **Dwelling Units** Covered Special Approvals Required Received Not Required NOTICE SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMB ZONING ING, HEATING, VENTILATING OR AIR CONDITIONING. HEALTH DEPT. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUC-TION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FIRE DEPT. SOIL REPORT FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS OTHER (Specify) 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 STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

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