

# BUILDING PERMIT CITY OF RIDGETOP

DATE	PERMIT #
OWNER	LOT
SUB-DIVISION	

**Applicant to complete numbered spaces 1-7 PLEASE PRINT**

JOB ADDRESS					
1	LEGAL DISCR.	LOT NUMBER	BLK	TRACT	SUB-DIVISION
2	OWNER	MAIL ADDRESS		ZIP	PHONE
3	CONTRACTOR	MAIL ADDRESS		PHONE	REGISTRATION NO
4	ARCHITECT OR DESIGNER	MAIL ADDRESS		PHONE	REGISTRATION NO.
5	ENGINEER	MAIL ADDRESS		PHONE	REGISTRATION NO
6	LENDER	MAIL ADDRESS		BRANCH	
7	SINGLE FAMILY <input type="checkbox"/>	MULTI FAMILY <input type="checkbox"/>	BUSINESS COMMERCIAL <input type="checkbox"/>		INDUSTRIAL <input type="checkbox"/>
Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE					
Describe work:					

Valuation of work: \$		
SPECIAL CONDITIONS:		
APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:

Type of Const	Occupancy Group	Division
Size of Bldg. (Total) Sq.Ft.	No. of Stories	Max. Occ. Load
Fire Zone	Use Zone	Fire Sprinklers Required Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Dwelling Units	OFFSTREET PARKING SPACES Covered _____ Uncovered _____	
Special Approvals	Required	Received
ZONING	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
HEALTH DEPT.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
FIRE DEPT.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
SOIL REPORT	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
PERMIT FEE	REQUIRED	PRE PAID
PLUMBING	YES <input type="checkbox"/> NO <input type="checkbox"/>	
ELECTRICAL	YES <input type="checkbox"/> NO <input type="checkbox"/>	
MECHANICAL	YES <input type="checkbox"/> NO <input type="checkbox"/>	
GRADING	YES <input type="checkbox"/> NO <input type="checkbox"/>	
PLAN CHECK FEE		TOTAL PERMIT FEE

**NOTICE**

**SEPARATE PERMITS MAY BE REQUIRED FOR ELECTRICAL, PLUMBING, MECHANICAL AND OR GRADING. OTHER PERMITS MAY ALSO APPLY. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.**

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 STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT	(DATE)
SIGNATURE OF OWNER (IF OWNER BUILDER)	(DATE)