

IV. IDENTIFICATION – To be completed by all applicants				
	NAME	MAILING ADDRESS	ZIP	PHONE #
1. OWNER OR LESSEE				
2. CONTRACTOR				BUILDER'S LICENSE NO:
3. ARCHITECT OR ENGINEER				
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.				
SIGNATURE OF APPLICANT		ADDRESS	APPLICATION DATE	

**DO NOT WRITE BELOW THIS LINE**

V. PLAN REVIEW RECORD – OFFICE USE ONLY								
DATE	TIME	BY	DATE	TIME	BY	DATE	TIME	BY

VI. ADDITIONAL PERMITS OR APPROVALS REQUIRED							
	REQUIRED Y/N	DATE	PERMIT #/ NOTES		REQUIRED Y/N	DATE	PERMIT #/ NOTES
ZONING OR TWP APPROVAL				ELECTRICAL			
SEWAGE				LABOR & INDUSTRY			
SOIL CONSERVATION				DEP (DEMOLITION)			
DRIVEWAY				WORKER'S COMP.			
HARB				OTHER			

VII. VALIDATION				
Building Permit Number			Use Group	_____
Date Issued			Fire Grading	_____
Permit Fee	Plan Review	Edu. Fee	TOTAL FEE	Live Load
\$ _____	+ \$ _____	+ \$4.00	= _____	Occupancy Load
Approved By				
Title				