

ADDRESS: _____

PERMIT NUMBER: _____

COMMUNITY DEVELOPMENT DEPARTMENT

BUILDING PERMIT CONTACT SHEET



FOR PLAN REVIEW QUESTIONS

Name _____ Phone _____ E-mail _____

FOR INSPECTION QUESTIONS

Name _____ Phone _____ E-mail _____

OWNER

Name _____ Phone _____ Cell Phone _____

Mailing Address _____ City _____ State _____ ZIP _____

E-mail Address _____

OWNER'S AUTHORIZED AGENT

Name _____ Phone _____ Cell Phone _____

Mailing Address _____ City _____ State _____ ZIP _____

E-mail Address _____

APPLICATION BEST CONTACT

Name _____ Phone _____ Cell Phone _____

Mailing Address _____ City _____ State _____ ZIP _____

E-mail Address _____

ARCHITECT OR DESIGNER OF RECORD

Name _____ Phone _____ Cell Phone _____

Mailing Address _____ City _____ State _____ ZIP _____

E-mail Address _____

CIVIL ENGINEER OF RECORD

Name _____ Phone _____ Cell Phone _____

Mailing Address _____ City _____ State _____ ZIP _____

E-mail Address _____

STRUCTURAL ENGINEER OF RECORD

Name _____ Phone _____ Cell Phone _____

Mailing Address _____ City _____ State _____ ZIP _____

E-mail Address _____

GENERAL CONTRACTOR

Name _____ Phone _____ Cell Phone _____

Mailing Address _____ City _____ State _____ ZIP _____

E-mail Address _____

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. It is my responsibility to review the approved plans and any comments that are contained thereon and see that the structure and/or project is built in compliance with all applicable codes. Additionally, I understand that I am responsible for ensuring that all sub-permits associated with my project are submitted to the City in compliance with the approved Master plan set. I understand that the City does not review sub-permits for compliance with the master plan set

Contractor Signature _____

Date _____

Check if you are a tested owner builder (single-family homes only). You must take a test and complete the owner/building affidavit. (CITY USE ONLY) Owner builder approved by: _____ Date: _____ Affidavit on file