

BUILDING PERMIT

Jurisdiction of: *CITY OF COLLINS*

JOB ADDRESS: _____

OWNER ADDRESS ZIP PHONE#

CONTRACTOR ADDRESS ZIP PHONE#

ARCHITECT OR DESIGNER ADDRESS ZIP PHONE#

ENGINEER ADDRESS ZIP PHONE#

LENDER ADDRESS ZIP PHONE#

USE OF BUILDING: _____

CLASS OF WORK: NEW ADDITION ALTERATION REPAIR MOVE

DESCRIBE WORK: _____

VALUATION OF WORK: \$ _____

SPECIAL CONDITIONS: _____

APPLICATION ACCEPTED BY: PLANS CHECKED BY: APPROVED FOR ISSUANCE BY:

PLANS CHECK FEE: _____ PERMIT FEE: _____

TYPE OF CONSTRUCTION _____ OCCUPANCY GROUP _____ DIVISION _____ SIZE OF BLDG _____

OF STORIES _____ MAX OCC. LAND _____ FIRE ZONE _____ USE ZONE _____ FIRE SPRINKLERS REQUIRED: Y/N

OF DWELLING UNITS _____ OFFSTREET PARKING SPACES: COVERED UNCOVERED

ZONING: _____ HEALTH DEPT: _____ FIRE DEPT: _____ SOIL REPORT: _____ OTHER: _____

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING, OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN THE 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 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 IS THE BUILDER) DATE