

# SEWER LATERAL PERMIT APPLICATION

# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

**IMPORTANT** — Applicant to complete all items in sections: I, II, III, IV and IX.

<b>I. LOCATION OF BUILDING</b>	<b>AT (LOCATION)</b> _____ (NO.) _____ (STREET) <b>BETWEEN</b> _____ (CROSS STREET) <b>AND</b> _____ (CROSS STREET) SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____	ZONING DISTRICT _____
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## II. TYPE AND COST OF BUILDING — All applicants complete Parts A – D

<b>A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily, residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only	<b>D. PROPOSED USE</b> — For "Wrecking" most recent use <table style="width: 100%;"> <tr> <td style="width: 50%;">           Residential            12 <input type="checkbox"/> One family            13 <input type="checkbox"/> Two or more family — Enter number of units - - &gt; _____            14 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units - - - - - &gt; _____            15 <input type="checkbox"/> Garage            16 <input type="checkbox"/> Carport            17 <input type="checkbox"/> Other — Specify _____  <b>CLEAR</b> _____         </td> <td style="width: 50%;">           Nonresidential            18 <input type="checkbox"/> Amusement, recreational            19 <input type="checkbox"/> Church, other religious            20 <input type="checkbox"/> Industrial            21 <input type="checkbox"/> Parking garage            22 <input type="checkbox"/> Service station, repair garage            23 <input type="checkbox"/> Hospital, institutional            24 <input type="checkbox"/> Office, bank, professional            25 <input type="checkbox"/> Public utility            26 <input type="checkbox"/> School, library, other educational            27 <input type="checkbox"/> Stores, mercantile            28 <input type="checkbox"/> Tanks, towers            29 <input type="checkbox"/> Other — Specify _____  <b>CLEAR</b> _____         </td> </tr> </table>	Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family — Enter number of units - - > _____ 14 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units - - - - - > _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other — Specify _____ <b>CLEAR</b> _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other — Specify _____ <b>CLEAR</b> _____	<b>B. OWNERSHIP</b> 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State or local government)
Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family — Enter number of units - - > _____ 14 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units - - - - - > _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other — Specify _____ <b>CLEAR</b> _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other — Specify _____ <b>CLEAR</b> _____			
<b>C. COST</b> 10. Cost of improvement \$ _____ <i>To be installed but not included in the above cost</i> a. Electrical..... b. Plumbing..... c. Heating, air conditioning..... d. Other (elevator, etc.)..... 11. TOTAL COST OF IMPROVEMENT \$ _____	<b>Nonresidential</b> — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.			

## III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.

<b>E. PRINCIPAL TYPE OF FRAME</b> 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other — Specify _____	<b>G. TYPE OF SEWAGE DISPOSAL</b> 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.)	<b>J. DIMENSIONS</b> 48 <input type="checkbox"/> Number of stories..... 49 <input type="checkbox"/> Total square feet of floor area, all floors, based on exterior dimensions..... 50 <input type="checkbox"/> Total land area, sq. ft.....	
	<b>H. TYPE OF WATER SUPPLY</b> 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	<b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 51 <input type="checkbox"/> Enclosed..... 52 <input type="checkbox"/> Outdoors.....	
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other — Specify _____	<b>I. TYPE OF MECHANICAL</b> Will there be central air conditioning? 44 <input type="checkbox"/> Yes    45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes    47 <input type="checkbox"/> No	<b>L. RESIDENTIAL BUILDINGS ONLY</b> 53 Number of bedrooms..... 54 Number of bathrooms } Full..... } Partial.....	

NO. \_\_\_\_\_ STREET \_\_\_\_\_

**IV. IDENTIFICATION** — To be completed by all applicants

Name	Mailing address - Number, street, city, and state	ZIP code	Tel. No.
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/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
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**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD** — For office use

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

**VIII. VALIDATION**

Building Permit Number _____ Building Permit issued _____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____	Approved by: _____  _____  _____	<p style="text-align: center;">FOR DEPARTMENT USE ONLY</p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
TITLE		

**VIII. ZONING PLAN EXAMINERS NOTES**

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

**IX. SITE OR PLOT PLAN — *For Applicant Use***

