

CITY OF AMERY

UNIFORM BUILDING PERMIT APPLICATION

Application No. _____

PERMIT REQUESTED Const. HVAC Elec Plbg Erosion Other: _____

| | | |
|---|-----------------|-----------------|
| Owner's Name | Mailing Address | Tel. |
| Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg | Lic/Cert# | Mailing Address |
| | | Tel. |
| | | FAX |
| Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg | Lic/Cert# | Mailing Address |
| | | Tel. |
| | | FAX |
| Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg | Lic/Cert# | Mailing Address |
| | | Tel. |
| | | FAX |
| Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg | Lic/Cert# | Mailing Address |
| | | Tel. |
| | | FAX |

PROJECT LOCATION Lot area _____ Sq. ft. _____ of Section _____, T _____ N, R _____ E (or) W _____

Building Address _____ Subdivision Name _____ Lot No. _____ Block No. _____

Zoning District(s) _____ Zoning Permit No. _____ **Setbacks:** Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.

| | | | | | | | | | | |
|---|---|--|--|---|---------|----|-----|------|-------|-------|
| 1. PROJECT | 3. OCCUPANCY | 6. ELECTRICAL | 9. HVAC EQUIPMENT | 12. ENERGY SOURCE | | | | | | |
| <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____ | Entrance Panel Amps: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead 7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other: _____ | Fuel | Nat Gas | LP | Oil | Elec | Solid | Solar |
| | | | | Space Htg | | | | | | |
| | | | | Water Htg | | | | | | |
| | | | | <input type="checkbox"/> Dwelling unit has 3 kilowatt or more electric space heating equip. Infiltration control option is <input type="checkbox"/> Sealing of all joints <input type="checkbox"/> Blower door test <input type="checkbox"/> Exterior air infiltration barrier | | | | | | |
| | | | | 13. HEAT LOSS (calculated) | | | | | | |
| | | | | Envelope _____ BTU/HR | | | | | | |
| | | | | Infiltration _____ BTU/HR | | | | | | |
| | | | | 14. EST. BUILDING COST | | | | | | |
| | | | | \$ _____ | | | | | | |

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, expressed or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side.

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

PROJECT DESCRIPTION:

| | | |
|-------------------------|---------------------------------------|--------------------------|
| FEES: | PERMIT(S) ISSUED | PERMIT ISSUED BY: |
| Plan Review \$ _____ | <input type="checkbox"/> Construction | Name _____ |
| Inspection \$ _____ | <input type="checkbox"/> HVAC | Date _____ |
| Other \$ _____ | <input type="checkbox"/> Electrical | Cert No. _____ |
| Total \$ _____ | <input type="checkbox"/> Plumbing | |
| | <input type="checkbox"/> Erosion | |