Franklin-Simpson Building Department

RESIDENTIAL BUILDING PERMIT APPLICATION

A. Location **Date of Application**

Project Address

Project Name / Subdivision Lot or Bldg #

B. Identification

	Name	Address	Phone
Owner or Lessee →			
Contractor →			
Permit Applicant →			

C. Type of Improvement and Use (check applicable)

☐ New building	☐ Single Family	No. of Stories NIC basement	
☐ Addition	☐ Duplex / Two Family	SF of finished basement	
☐ Alteration	☐ Multi-Family (townhouse)	SF of unfinished basement	
☐ Demolition	☐ Garage	Total SF all floors under roof	
☐ Relocation / moving	☐ Carport	Total Land Area (acres or sf)	
☐ Foundation only	☐ Pool	Number of Bedrooms	
☐ Basement only	☐ Fence	Number of Bathrooms	
	☐ Deck	Construction Cost $	
	☐ Patio	Electrical Cost	
	☐ Pole Barn sqft=	Plumbing Cost	
	Other (describe)	(round to nearest $) HVAC Cost	
		TOTAL COST	

D. Building Characteristics

Principal Type Of Frame
- ☐ Masonry
- ☐ Wood Frame
- ☐ Structural Steel
- ☐ Reinforced Concrete
- ☐ Other - specify

Electricity Supplier → ☐ EPB ☐ WRECC

Principal Type of Heating Fuel
- ☐ Gas
- ☐ Oil
- ☐ Electricity
- ☐ Coal
- ☐ Other - specify

Type of Sewage Disposal
- ☐ Public
- ☐ Private (septic tank)

Type of Water Supply
- ☐ Public → ☐ CITY ☐ COUNTY
- ☐ Private (well, cistern)

Mechanical

Central air conditioning ☐ YES ☐ NO **Elevator** ☐ YES ☐ NO

E.

I hereby certify that I am the owner of record or have been authorized to make this application for a construction permit as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

"Note: The information provided on this form is subject to the open records act and may be viewed by others upon request."

Signature of Applicant **Address** **Date**

****

F. PLANNING & ZONING OFFICE USE ONLY

Building Permit Number _____

Building Permit Issued _____

Building Permit Fee _____

Certificate of Occupancy _____

Inspection Fee _____

Other Fees _____

Total Fees _____

Receipt # _____

Check # _____

Use Group _____

Occupancy load _____

Approved by:

_____

_____
Title

Inspection Required & Date Completed

Footer	Foundation	Framing	Final
__/__/20	__/__/20	__/__/20	__/__/20

Print Form