

Part 1. Business Location Information			Part 2. Business Owner Information		
Name of business, DBA:			Name of business owner:		
Business street address:		Suite #:	Business owner street address:		Driver's License #: State:
Contact person:	Telephone of business:		City/State/Zip Code:		Telephone of business owner:
Email:	After-Hours telephone:				
Part 3. Description of Business Activity					
a. Type of CO: <input type="checkbox"/> In-Home day care <input type="checkbox"/> Are you the Primary Resident of the project address Yes ___ No ___		b. Business Information: <input type="checkbox"/> # of children _____ <input type="checkbox"/> # of adults _____		c. Type of business: <input type="checkbox"/> Is this permit for renewal Yes ___ No ___	
Contractor (if needed)		Address		Phone	
Electric:					
Plumbing:					
Other:					
Fire Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No			Fire Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Check which is applicable: <input type="checkbox"/> I am the business owner <input type="checkbox"/> I am the property owner <input type="checkbox"/> I am the leasing agent <input type="checkbox"/> Other:					
<small>I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</small>					
Your name (Printed):		Signature:		Date:	
Email:		Phone:		Fax:	
<small>AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. ALL PERMITS REQUIRE FINAL INSPECTION.</small>					
*****Office use only*****					
Zoning:		Use per Zoning Ord:		Occupancy Group:	
Permit Technician Approval:			Date:		
Plans Examiner Approval:			Date:		
Planning Approval of Use:			Date:		
Comments:					
Permit Received By:				Date:	