

Development Services Application

Building Permit #: _____

Please provide all contractor information below:

Owner Exempt – Self Affidavit Required

General Contractor: Company Name: _____

License Number: _____

Contact Person: _____

Contact Number: _____

Plumbing Contractor: Company Name: _____

Contact Person: _____

Contact Number: _____

Electrical Contractor: Company Name: _____

Contact Person: _____

Contact Number: _____

HVAC Contractor: Company Name: _____

Contact Person: _____

Contact Number: _____

Other Contractor: Company Name: _____

(Type) Contact Person: _____

Contact Number: _____

Please check the box by all statements, listed below, that apply to your project:

Residential (1&2 Family Dwellings) or

Non-Residential (including apartments, condos)

Accessory Structure / Deck / Dock

Additions

Alterations

Sign

New Structure (excluding 1&2 family dwellings)

New Single Family Dwellings (Including Modular)

New Multi-Family Dwellings (Duplex / Townhouses)

New Manufactured / Mobile Home (HUD) Dwellings

Single-wide Double-wide Triple-wide

Miscellaneous

Tank Removal: _____ (size / fuel type / above or below ground)

Demolition

Electrical

Above Ground Swimming Pool / Hot Tub

Retaining Wall _____ height(ft.)

Mechanical

Below Ground Swimming Pool / Hot Tub

Plumbing

Other: _____

Please provide the following sizes associated with this project:

First Floor: _____ ft² Second Floor: _____ ft² Third Floor: _____ ft²

Finished Basement: _____ ft² Unfinished Basement: _____ ft² Porch(es): _____ ft²

Patio(s): _____ ft² Deck(s) / Dock(s): _____ ft² Carport(s): _____ ft²

Garage(s): _____ ft² Finished Garage Loft(s): _____ ft² Unfinished Garage Loft(s): _____ ft²

Total : _____ ft²



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Please provide the following general information for the proposed project:

Dollar value of any new structures or additions: \$ _____ Dollar value of any interior alterations: \$ _____

(excluding additions if constructed)

Dollar value of entire project: \$ _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Number of Half Bathrooms: _____

Total Number of Rooms: _____ Total Number of Stories: _____ (above grade)

Foundation Material: Concrete Block ICF Other: _____

Foundation Type: Basement Crawlspace Slab Column / Pier Other: _____

Heating Source: Gas Oil Electric Hot Water Other: _____

Heat Pump

Fireplaces: Number: _____ Masonry Metal

Flues: Number: _____ Masonry Metal

Gas Appliances: Number: _____

Retaining Walls: Number Attached: _____ Number Detached: _____

Please provide the following HUD related information if applicable:

Model Year: _____ Manufacturer: _____ Model: _____ Color: _____

Size: _____ (length x width) Previous Owner: _____ New Owner: _____

New Owner Address: _____ New Owner Phone Number: _____

Skirting: Vinyl Block Brick Metal Rock Other: _____

Please provide the following electrical information if applicable:

New Service Upgrade Reconnection # Amps: _____ AEP work order #: _____ (Temporary Power)

Call AEP @ 1-800-956-4237 to apply for a work order number and electric service AEP work order #: _____ (Permanent Power)

Please provide the following water & sewer information if applicable:

Water Source Individual / Private Municipal / Public

Sewage Individual / Private Municipal / Public

Will a fire sprinkler system be installed? Yes No