

PROPERTY LOCATION/STREET ADDRESS <u>45 STORRS RD</u>	LOT #
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HEIGHT OF BUILDING: Stories: <u>1</u> Feet: <u>20</u>	TOTAL SQUARE FEET OF BUILDING:
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LIST BELOW THE GROSS SQUARE FOOTAGE OF EACH STORY, ABOVE AND BELOW GRADE:

Story	Area in Sq. Ft.	Occupant Load	Story	Area in Sq. Ft.	Occupant Load	Story	Area in Sq. Ft.	Occupant Load

ARCHITECT'S INFORMATION (ATTACH AS APPLICABLE)	LICENSE #
ENGINEER'S INFORMATION (ATTACH AS APPLICABLE)	LICENSE #
INTERIOR DESIGNING: (ATTACH AS APPLICABLE)	REGISTRATION #

DOCUMENTS SUBMITTED & DESCRIPTION OF WORK TO BE DONE	<input type="checkbox"/> BUILDING PLANS # OF SETS _____ <input type="checkbox"/> CALCULATIONS <input type="checkbox"/> DETAILS <input type="checkbox"/> HEAT LOSS <input type="checkbox"/> SITE PLANS <input type="checkbox"/> SEALED TRUSS PLANS <input type="checkbox"/> WORKER'S COMPENSATION PROOF OF INSURANCE OR AFFIDAVIT <input type="checkbox"/> BUILDING SECTIONS <input type="checkbox"/> BUILDING ELEVATIONS <input type="checkbox"/> THRESHOLD REVIEW <input type="checkbox"/> ENGINEERED LUMBER <input type="checkbox"/> HIC OR NHC LICENSE <input type="checkbox"/> MANUFACTURER'S LITERATURE <input type="checkbox"/> STATEMENT OF SPECIAL INSPECTIONS <input type="checkbox"/> REPORTS <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> PHOTOGRAPHS <input type="checkbox"/> REScheck <input type="checkbox"/> COMcheck DESCRIPTION OF WORK: <u>DIRECT REPLACEMENT OF PACKAGE ROOF TOP UNIT. NO DUCTWORK MODIFICATIONS.</u>
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CERTIFICATION:	<input type="checkbox"/> I certify under penalty of false statement that I am the owner or authorized agent of the owner of this property, and that based on my reasonable investigation, all statements in the application are true and complete to the best of my knowledge.
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APPLICANT'S SIGNATURE:	APPLICANT'S SIGNATURE <u>[Signature]</u>	DATE <u>11/3/11</u>
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FOR DEMOLITION PERMITS: OWNER MUST ALSO SIGN BELOW IF CONTRACTOR IS APPLYING FOR PERMIT

DEMOLITION CERTIFICATION:	<input type="checkbox"/> Owner: I intend to comply with the provision of the State Demolition Code. <input type="checkbox"/> Contractor: I intend to comply with the provision of the State Demolition Code.
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OWNER'S SIGNATURE: (MUST SIGN)	OWNER'S SIGNATURE	DATE
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DEMO CONTRACTOR'S SIGNATURE:	DEMOLITION CONTRACTOR'S SIGNATURE	DATE
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DO NOT WRITE BELOW: BUILDING OFFICIAL'S USE ONLY

ZONING AGENT-APPROVAL _____ DATE _____	HEALTH DISTRICT-APPROVAL _____ DATE _____	FIRE MARSHAL-APPROVAL _____ DATE _____
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RESIDENTIAL PERMITS	COMMERCIAL PERMITS	NEW SFD or CONDO'S ONLY
Estimated Cost: \$ _____	Estimated Cost: \$ <u>11,118.00</u>	Plan Review Fee: \$ 250.00
Building Permit Fee: \$ _____	Building Permit Fee: \$ <u>174.00</u>	Total Units: \$ _____
Fire Prevention Fee: \$ _____	Fire Prev Fee: \$ <u>113.10</u>	Notary Fee: \$ _____
Educational Fee: \$ _____	Educational Fee: \$ <u>3.12</u>	AMOUNT RCVD: \$ _____
Notary Fee: \$ _____	Notary Fee: \$ _____	Plan Rev: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____
Inspection Only: \$ _____	Penalty Fee: \$ _____	Estimated Cost: \$ _____
Penalty Fee: \$ _____	Inspection Only: \$ _____	Permit Fee: \$ _____
Foundation Cost: \$ _____	Foundation Cost: \$ _____	Educational Fee: \$ _____
Foundation Fee: \$ _____	Foundation Fee: \$ _____	TOTAL FEES DUE: \$ _____
Foundation Ed Fee: \$ _____	Found Ed Fee: \$ _____	Minus Prev Pmt: \$ _____
TOTAL (BLDG): \$ _____	TOTAL (BLDG): \$ <u>177.12</u>	BALANCE DUE: \$ _____
TOTAL (FM): \$ _____	TOTAL (FM): \$ <u>113.10</u>	Bal Rcvd: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK# <u>890071</u>	Date Balance Received: _____
<input type="checkbox"/> FEE INCLUDED IN MAIN PERMIT	<input type="checkbox"/> FEE INCLUDED IN MAIN PERMIT	Other Fees Due: \$ _____

APPROVED:	BUILDING OFFICIAL'S SIGNATURE <u>[Signature]</u>	DATE <u>11/3/11</u>
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