

PROPERTY LOCATION/STREET ADDRESS <i>1660 STORRS ROAD</i>	LOT #
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HEIGHT OF BUILDING: Stories: _____ Feet: _____	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: <i>Construction of gas station & convenience store</i>		

CERTIFICATION:	<input checked="" 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 <i>[Signature]</i>	DATE <i>8/23/12</i>
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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 <i>[Signature]</i>	DATE <i>8/17/12</i>
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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 <i>[Signature]</i>	DATE <i>8-27-12</i>	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: \$ <i>850,000.00</i>	Plan Review Fee: \$ 250.00
Building Permit Fee: \$	Building Permit Fee: \$ <i>12,325.00</i>	Notary Fee: \$
Fire Prevention Fee: \$	Fire Prev Fee: \$ <i>8,011.25</i>	AMOUNT RCVD: \$
Educational Fee: \$	Educational Fee: \$ <i>221.00</i>	Plan Rev: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK#
Notary Fee: \$	Notary Fee: \$	Estimated Cost: \$
Inspection Only: \$	Penalty Fee: \$	Permit Fee: \$
Penalty Fee: \$	Inspection Only: \$	Educational Fee: \$
Foundation Cost: \$	Foundation Cost: \$	TOTAL FEES DUE: \$
Foundation Fee: \$	Foundation Fee: \$	Minus Prev Pmt: \$
Foundation Ed Fee: \$	Found Ed Fee: \$	BALANCE DUE: \$
TOTAL FEES DUE: \$	TOTAL FEES DUE: \$ <i>20,557.25</i>	Bal Rcvd: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK#
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK#	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK#	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 <i>[Signature]</i>	DATE <i>9/18/12</i>
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