



# NON-RESIDENTIAL ALTERATION APPLICATION

APP #

Applicant's Name \_\_\_\_\_ Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Email \_\_\_\_\_  
 Property Owner(s) Name(s) \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Project Address (if different) \_\_\_\_\_  
 Tax Parcel ID Number: \_\_\_\_\_

- What is the total square footage of disturbed area for the project? \_\_\_\_\_
- What is the proposed height of the structure? \_\_\_\_\_
- What is the square footage of structure/addition? \_\_\_\_\_

**Proposed Business Name** (if new to location): \_\_\_\_\_

**Total Value of Construction:** \_\_\_\_\_

**Description of work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Indicate the answers for the following**

Total Square Footage of the Structure		Number of employees?			Number of Commercial Vehicles	
Operating Hours		Sign	Yes	No	Sign (Type)	
# of Stories		Sq Ft per Floor				

**Change of Use:** \_\_\_\_\_ **Existing Use:** \_\_\_\_\_ **Proposed Use:** \_\_\_\_\_

**Addition:**

**Alteration** (Choose one option below)

**Level I** "Removal and replacement of all covering of existing materials, elements, equipment or fixture that serve the same purpose"

**Level II** "Reconfiguration of space, the addition of any door or window, the reconfiguration of extension of any system or the addition of any additional equipment"

**Level III** "The work area as defined, exceeds 50% of the aggregate are of the building"

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return to: [planreview@iwus.net](mailto:planreview@iwus.net)