



RESIDENTIAL CENTRAL PERMITTING APPLICATION FOR ALTERATIONS / ADDITIONS OR ACCESSORY STRUCTURES

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? _____
- Provide a **detailed** description of project:

Please indicate the number of rooms, etc. for the following

Bedrooms			Fireplace (Number)
Baths (Full)		Baths (Half)	Fireplace (Type)
Heat Type		Public Water	Private Well
Exterior Type		Public Sewer	Private Septic
Inground Pool		Above Ground Pool	

TOTAL VALUE OF CONSTRUCTION (without trades) \$ _____

Mechanic Lien Agent: None Designated
 Name _____
 Address _____ Phone No. _____

Please indicate the square footages for the items you check in the box to the right

1 st Floor	<input type="checkbox"/> 2 nd Floor	<input type="checkbox"/> 3 rd Floor
R.O.G.	Basement	
Back Porch	Side Porch	<input type="checkbox"/> Front Porch
Screened Porch	Patio	
Side Deck	<input type="checkbox"/> Front Deck	Back Deck
Att Garage	<input type="checkbox"/> Det Garage	Carport

I, the undersigned applicant, certify that this application is complete, accurate and contains all required and requested information, documents, and other submittals, and that all statements made herein are, to the best of my knowledge, true and correct. I further certify that I have exercised due diligence to obtain the most recent, complete, and correct information available.

Signature of Applicant _____ Date _____

Please return to: planreview@iwus.net



CENTRAL PERMITTING

ELECTRICAL-PLUMBING-MECHANICAL

**BLD
APP #**

APPLICATION

Applicant/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: _____

Provide a detailed description of work:

CONTRACT AMOUNT (per trade) \$ _____

Please indicate the permitting information that applies to your request

Public Water	<input type="checkbox"/>	Public Sewer	<input type="checkbox"/>	Baths (Full)	Number
Private Well	<input type="checkbox"/>	Private Septic	<input type="checkbox"/>	Baths (Half)	Number
Water Heater	Number	Is W/H over 199,000 BTUs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Outlets	Number
Storm Drainage	Number	Commerical Plumbing Fixtures	Number		
Electric Amperage		Mechanical	<input type="checkbox"/>	Fireplace	Number

Work is for (check all that apply):

Fire Sprinkler <input type="checkbox"/>	Irrigation System <input type="checkbox"/>	Pool/Hot Tub/Sauna <input type="checkbox"/>	Backflow Preventer <input type="checkbox"/>	Medical or Specialty Equipment <input type="checkbox"/>	Pier/Dock <input type="checkbox"/>
Water Heater <input type="checkbox"/>	Boiler <input type="checkbox"/>	Chiller/ Cooling Tower <input type="checkbox"/>	Solar Hydronic <input type="checkbox"/>	Geothermal <input type="checkbox"/>	Grease Trap /Interceptor <input type="checkbox"/>

Backflow Tester's name: _____ License # _____

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