

BUILDING INDUSTRY TECHNOLOGY ACADEMY: YEAR TWO CURRICULUM

APPLICATION FOR BUILDING PERMIT

Building Industry Technology Academy

Please TYPE or PRINT clearly in ink.

Date:		
Project Address:		
Description of Work:		
Total Square Feet:	Cost of Construction: \$	
Property Owner Name:	Telephone Number:	
Property Owner Address:		
Contractor Name:	Telephone Number:	
Contractor Address:		
Contractor e-Mail Address:		
Contact Person:	Telephone Number:	
Contact Person E-Mail address:		
Architect:	Telephone Number:	
I hereby certify that the information contained in the application and accompanying drawings or plans is correct, and that I will conform with all applicable laws of the Building Industry Technology Academy.		
Signature of Applicant:	Date:	
FOR OFFICE USE ONLY		
APPROVALS		
Permit #		Bin Number:
Zoning Site Plan Review:	Date:	Building Plan Review: Date:
Conditional Use: _____ Yes _____ No	Site Plan Approved: _____ Yes _____ No	Authorization Form Received: _____ Yes _____ No
Notes:		
Plans: _____ Attached _____ Rolled _____ None	COP: _____ NOT Required _____ Required _____ In-house _____ Attached	
Minimum Fee: \$	Credit Card Receipt #:	A/P Receipt #:
Total Fee: \$	Credit Card Receipt #:	A/P Receipt #: