



CITY OF CEDAR HILLS BUILDING PERMIT APPLICATION

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Deck/Patio |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Bsmt. Finish | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Other |
| <input type="checkbox"/> Addition | _____ |

Application Date: _____	Issue Date: _____ Issued By: _____	Building Permit # _____
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To Be Filled In By Applicant — Please Print Legibly

Job Site Address:	Lot #:	Serial #:
	Subdivision:	
	Phone #:	
OWNER:	Email:	
Owner Mailing Address:		
Contractor:	Email:	
License #:	Phone #:	
Architect/Engineer:	Email:	
License #:	Phone #:	

Description of Project:	Project Valuation \$:

Existing Use of Parcel		Intended Use of Parcel			
<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial	<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential:	<input type="checkbox"/> Industrial
<input type="checkbox"/> Residential:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Single Family	<input type="checkbox"/> Other/Type
<input type="checkbox"/> Single Family	<input type="checkbox"/> Other	<input type="checkbox"/> Single Family	<input type="checkbox"/> Other/Type	<input type="checkbox"/> Duplex	_____
<input type="checkbox"/> Duplex	_____	<input type="checkbox"/> Duplex	_____	<input type="checkbox"/> Multiple Units	_____
<input type="checkbox"/> Multiple Units	_____	<input type="checkbox"/> Multiple Units	_____	_____	_____

Gross Sq. Footage	Owner Occupied ?	Occupant Load	# Dwelling Units	# Stories	# Bedrooms
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APPLICANT PLEASE READ CAREFULLY

I agree to comply with all City, County, and State Building Laws and Ordinances, and I affirm that the representations in this application for a building permit are true and accurate, and any misrepresentations or errors herein are the sole responsibility of the applicant, and shall in no way incur or accrue liability or obligation to enforcing officers or agents.

This permit becomes null and void if work on construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I AM AWARE THAT ANY/ALL PLAN CHANGES ARE REQUIRED TO BE SUBMITTED TO THE BUILDING DEPARTMENT FOR REVIEW/APPROVAL.

OCCUPANCY OF STRUCTURE IS PROHIBITED UNTIL AFTER CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.

I HAVE/WILL CONFIRM THE SEWER DEPTH ON THE ABOVE LOT AND WILL TAKE ALL RESPONSIBILITY FOR SETTING THE BUILDING ACCORDINGLY.

I AM AWARE THAT AT NO TIME MAY A PERMANENT STRUCTURE OR OBSTRUCTION BE PLACED WITHIN THE PUBLIC UTILITY EASEMENT (PUE) WITHOUT THE PRIOR WRITTEN APPROVAL OF THE POWER COMPANY AND ALL OTHER UTILITIES WITH FACILITIES IN THE PUE.

Owner's Signature _____ Date _____

Plan Review Comments:

FOR DEPARTMENT USE ONLY	
CODE COMPLIANCE REVIEW:	
Building Review:	_____
Zoning Review :	_____
FLOORS	SQ. FT.
MAIN:	_____
LOWER:	_____
GROSS AREA:	_____
GARAGE:	_____
Bldg Permit Fee	_____
Plan Check Fee	_____
1% State Fee	_____
Mechanical Fee	_____
Electrical Fee	_____
Plumbing Fee	_____
Gas Fee	_____
General Inspect.	_____
Sewer Inspection	_____
Water Inspection	_____
Elect/Temp Power	_____
Elect/Perm Power	_____
Constr. Water	_____
Water Meter	_____
Improvement Bond	_____
Permit Extension	_____
Plan Check Deposit	(_____)
TOTAL \$	_____
IMPACT FEES	
Parks	_____
Culinary Water	_____
Public Safety	_____
Waste Water TSSD	_____
Waste Water (CH)	_____
Transportation	_____
Pressurized Irrigation	_____
Other	_____
TOTAL \$	_____
Fee In Lieu \$	_____
(Pro-Rated Property Tax)	
TOTAL DUE \$ _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____