

## MAYOR AND COUNCIL OF LAUREL BUILDING PERMIT APPLICATION

Applicant to complete numbered spaces only

Job Address:				
1. Legal Description	Map Number	Parcel Number	Lot Number	
2. Owner	Mailing Address	Zip	Phone	
3. Contractor	Mailing Address	Phone	License Number	
4. Architect or Designer	Mailing Address	Phone	License Number	
5. Engineer	Mailing Address	Phone	License Number	
6. Lender	Mailing Address	Phone	License Number	
7. Use of Building:				
8. Class of Work:      ~ New      ~ Addition      ~ Alteration      ~ Repair      ~ Move      ~ Remove				
9. Describe Work:				
10a. Change of use from:			10b. Change of use to:	
11. Valuation of Work \$	Inspection Fee	Plan Review Fee	Permit Fee	
Special Conditions:				
Type of Constr.	Occupancy Group	Division	Size of Bld. (sq. ft)	No. of Stories
Max. Occ. Load	Fire Zone	Use Zone	Fire Sprinklers Required:      ~ Yes      ~ No	
<b>Special Approvals</b>	Required	Received	Not Required	
Zoning				
Health Dept.				
Fire Dept.				
Soil Report				
Other (specify)				
Permit No.	Plans Checked By:		Approved for Issuance By:	

NOTICE: Separate Permits are required for electrical, plumbing, hearing, ventilating or air conditioning. This permit becomes null and void if work or construction authorized is not commenced within 6 months, and the permit is only valid for 1 year from date of issuance.

I, hereby, certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
Signature of Owner or Authorized Agent (date)

\_\_\_\_\_  
Signature of Building Official (date)