

CITY OF HARRIMAN BUILDING PERMIT APPLICATION

Applicant to complete number spaces only. Please print. If not applicable print N/A in space.

JOB ADDRESS. House number road name, and city. 1.					
MAP 2.	PARCEL	ACREAGE/LOT#	ZONE	DEED	
OWNER 3.	MAIL ADDRESS	ZIP	PHONE		
RENTER 4.	MAIL ADDRESS	ZIP	PHONE		
CONTRACTOR 5.	MAIL ADDRESS	ZIP	LICENSE#		
ARCHITECT 6.	MAIL ADDRESS	ZIP	LICENSE#		
ENGINEER/SURVEYOR 7.	MAIL ADDRESS	ZIP	LICENSE#		
USE OF BUILDING 8.					
DESCRIBE WORK 9.					
Estimated Cost (labor/material) 10.					
PLEASE DO NOT WRITE BELOW THIS LINE.					
CLASS OF WORK <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE <input type="checkbox"/> POWER <input type="checkbox"/> GRADING <input type="checkbox"/> AACRPC <input type="checkbox"/> OTHER					
VALUATION OF WORK: \$	PERMIT FEE: \$	OTHER FEES: \$	TOTAL \$		
SPECIAL CONDITIONS		Type of Const.	Occupancy Group		
		Size of Bldg. Total Sq. Ft.	No. Of Stories		
APPLICATION ACCEPTED:	PLANS REVIEWED:	No. Dwelling Units	Fire Sprinkler Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p style="text-align: center;">NOTICE</p> <p>ISSUANCE OF THIS PERMIT DOES NOT WAIVE COMPLIANCE WITH ANY PROVISIONS OF BUILDING OR ZONING REGULATIONS. THIS PERMIT SHALL BE VOID AFTER (6) SIX MONTHS UNLESS SUBSTANTIAL PROGRESS ON THE PROJECT HAS BEEN MADE.</p> <p>Misrepresentation of facts or violation of code provisions may cause this permit to be revoke.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF THE LAWS AND REGULATIONS 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 PERFORMANCE OF CONSTRUCTION.</p> <p>_____ SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)</p> <p>_____ SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)</p> <p>ISSUED BY: _____</p>		Special Approvals	Required	Received	Not Required
		Zoning			
		Health Department/Sewer Connection			
		Certificate of Insurance			
		Homeowners Agreement & Affidavit of Exemption			
		Other (Specify) _____ _____ _____			
	PERMIT #	DATE	CASH	CHECK #	