

Application & Project Details

MUNICIPALITY OF YOUR TOWN
Department of Building & Zoning
123 Civic Center Plaza,
Your Town, ST 00000

Tel: (555) 010-9988 | Email: permits@yourtown.gov

PERMIT NO: _____

1. PROJECT LOCATION

- **Site Address:** _____
- **Parcel ID (APN):** _____

2. APPLICANT INFORMATION

- **Name:** _____
- **Relationship to Owner:** ☐ Owner ☐ Contractor ☐ Architect ☐ Other
- **Phone:** _____ **Email:** _____

3. SCOPE OF WORK (Check all that apply)

- ☐ New Construction ☐ Addition ☐ Remodel ☐ Demolition
- ☐ Mechanical ☐ Electrical ☐ Plumbing ☐ Accessory Structure
- **Description:** _____

4. VALUATION & FEES

- **Estimated Project Cost:** \$ _____
- **Base Permit Fee:** \$ _____
- **Plan Review Fee:** \$ _____
- **TOTAL DUE:** \$ _____

5. AUTHORIZATION

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.

Signature: _____ Date: _____

Inspection Log & Approval

PERMIT NO: _____

Address: _____

OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

PLAN REVIEW STATUS

- **Zoning:** ☐ Approved ☐ Denied | **Initial:** _____ **Date:** _____
- **Building:** ☐ Approved ☐ Denied | **Initial:** _____ **Date:** _____

REQUIRED INSPECTIONS

Post this permit in a conspicuous place on the job site at all times.

Inspection Type	Inspector	Status (P/F)	Date
Footing/Foundation			
Framing (Rough-in)			
Electrical Rough			
Plumbing Rough			
Insulation			
Drywall/Lath			
Final Inspection			

CONDITIONS OF APPROVAL:

1. Work must commence within 180 days of permit issuance.
2. All work must comply with the 2024 International Building Code (IBC) and local amendments.
3. Call 24 hours in advance to schedule inspections.

ISSUED BY: _____

Department Commissioner

DATE ISSUED: May 7, 2026

EXPIRATION DATE: November 3, 2026