

Permit Number: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Date: \_\_\_\_\_

### Application for Zoning Compliance

<b>1. Name of Applicant:</b>	<b>Project Location</b>				<b>Zone</b>	<b>Ward</b>
<b>Type of Permit</b>	Building <input type="checkbox"/>	Electrical <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Mechanical <input type="checkbox"/>	New Business <input type="checkbox"/>	
	Dumpster <input type="checkbox"/>	Other-Describe <input type="checkbox"/>				

**2. Identification - To Be Completed by All Applicants**

Name: \_\_\_\_\_ Present Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_

Architect: \_\_\_\_\_

**3. Please briefly describe your project.**

<b>3. Type and Cost of Bldg.</b>	<b>B. PROPOSED USE</b>	<b>C. COST</b>
<b>A. TYPE OF IMPROVEMENT</b>	<input type="checkbox"/> One Family	Building \$ _____
<input type="checkbox"/> New Building	<input type="checkbox"/> 2 or more	Electrical \$ _____
<input type="checkbox"/> Demolition	<input type="checkbox"/> Garage	Plumbing \$ _____
<input type="checkbox"/> Addition/Repair/Alternation - Explain	<input type="checkbox"/> Other (Specify)	Mechanical \$ _____
<input type="checkbox"/> Other - Explain:		Other \$ _____
		<b>Total</b> \$ _____

**4. Selected Characteristics of Building - New Bldgs., 1 Set of Drawings**

<b>PRINCIPAL TYPE OF FRAME</b>	<b>HEATING FUEL</b>	<b>SEWAGE DISPOSAL</b>	<b>WATER SUPPLY</b>
<input type="checkbox"/> Masonry	<input type="checkbox"/> Gas	<input type="checkbox"/> Public	<input type="checkbox"/> Public
<input type="checkbox"/> Frame	<input type="checkbox"/> Oil	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Well
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Electricity	<b>DIMENSIONS</b>	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Coal	Number of Stories _____	Total Sq. Ft. _____
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Other (Specify)	Length: _____	Width: _____
		Total Land Area (Sq. Ft.) _____	

# of Parking Spaces: \_\_\_\_\_

**5. Plumbing Data** New Building/Addition/Repair/Alternation (Circle One)

# of Sinks _____	# of Urinals _____	Total Cost: \$ _____
# of Floor Drains _____	# of Bathtubs _____	Remarks: Desc. Of Work) _____
# of Showers _____	# of Toilets _____	

<b>6. Electrical Data</b> New Building/Addition/Repair/Alternation (Circle One)			
Service Size	AMPS	Motor Circuit	Recept. Outlets (QTY)
Range Circuit		Lighting Outlets:	Total Cost: \$ _____
Water Heater Circuit		Dryer Circuit	
Remarks: (Desc. Of Work: _____)			

**SKETCH** of Proposed Building or Addition:

FRONTAGE

REAR

THE OWNER OF THIS BUILDING AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE BOROUGH OF JESSUP

Signature of Applicant	Date Work to be Started	Permit Number

For Office Use Only

**Approved:** \_\_\_\_\_

**Fee:** \$ \_\_\_\_\_

**Permit Issued:** \_\_\_\_\_

**Permit Expires:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_