

**This application is not a permit until fees are received and drawings/plans (if applicable) are approved. Any work prior to permit issuance is prohibited. Permits are non-transferable and Fees are Non-Refundable! All permit applications are to be completed and submitted through the BS&A Online Permitting Portal: <https://bsaonline.com/?uid=2757>**

**PROJECT ADDRESS: Unit/Suite/Apt#: Parcel:**

<input type="checkbox"/> <b>Residential</b> <input type="checkbox"/> <b>Commercial</b>  <b>Building Permit #:</b> _____  <b>Work Description / Full Scope (Required):</b> _____ _____ _____	<b>Permit Type (Required):</b>  <input type="checkbox"/> Plumbing  <input type="checkbox"/> Other: _____
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**Who is the PERMIT HOLDER – the person responsible for, will supervise *and do the work* for this permit: (Reference the “Who Can Pull a Permit”)**

<input type="checkbox"/> <b>Homeowner Owner</b> <ul style="list-style-type: none"> <li>• Tax Bill and/or Deed filed with County Required</li> <li>• Completed <a href="#">Homeowner's Affidavit Form</a> Required</li> <li>• Stated Issued ID Required</li> </ul>	<input type="checkbox"/> <b>Contractor</b> <ul style="list-style-type: none"> <li>• Current Business License Required</li> <li>• Copy of State Certification (if applicable) Required</li> <li>• State Issued ID Required</li> </ul>
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**The signature below is a binding statement that the permit holder will be responsible for and supervise the job at the permitted address and that the Property Owner is aware of, agrees with and has granted permission for this permit to be applied for and issued.**

Signature of Permit Holder (or agent): \_\_\_\_\_ Date: \_\_\_\_\_

**Who is submitting this application:**     Property Owner     Contractor     Agent for Permit Holder

**AGENT FOR PERMIT HOLDER: (All Contact Information Required! [Authorized Agent Form](#) required!)**

Name:	Phone:	
Address (Physical / No PO Boxes):		
City:	State:	Zip:
Email:		

**PROPERTY OWNER: (REQUIRED – Owner's Information Must be completed for application to be accepted!)**

Name:	Phone:	
Address (Physical / No PO Boxes):		
City:	State:	Zip:
Email:		

**CONTRACTOR: (All Contact Information Required)**

<input type="checkbox"/> <b>State Certified Contractor</b>	<input type="checkbox"/> <b>Specialty Trade</b>	
Name:	Phone:	
Company Name:	Phone (Company):	
Address (Physical / No PO Boxes):		
City:	State:	Zip:
Email:		
Business License #:	State Card # (if applicable):	

