

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 (REQUIRED):

Unit/Suite/Apt#:

Parcel:

Residential Commercial

Project Description / Full Scope:
(Required):

ESTIMATED VALUE (Required):
(Total Value of Job minus Mechanical, Electrical, Plumbing, Sprinklers, Fire Alarm)

\$ _____

Building Permit Type (Required):
(* Plan Review Required)

A. **Existing (Additions / Alterations / General Repairs / Rehabs / Conversions):**

1. * Additions / Reductions (square footage changes)
2. * Alterations (floor plan layout changes)
3. * Conversions:
From _____ To _____
(i.e. Duplex to SFH, SFH to Triplex, Residential to Commercial, vice versa, etc)
4. General Repairs (no sheetrock removal, no structural!)
5. * Tenant (Commercial Interior) Build Out

B. **New Construction: (All Commercial and Residential Multifamily (3 or More Units))**

Requires CO to be issued for each individual structure and/or unit (See/Complete CO page of this application!):

1. * Residential Dwelling(s)
 - Multiunit:
 - Beginning Unit # _____
 - End Unit # _____
 (Submit a spreadsheet of all unit addresses WITH application)
2. * Commercial Shell/White Box Only
3. * Commercial with Complete Tenant Build Out

C. * **Pools:**

1. In Ground
2. Above Ground

D. * **Trailers**

1. Construction Trailer (during project only)
2. Modular Office and/or Class Trailer

E. **Other:**

Structure Type and Info (Required):

After project is done, the property will be or remain a/an:

- ADU / Habitable Accessory Structure
- Business / Commercial Building
- Residence**

Single Family Home
Multifamily:

- Duplex
- Triplex
- Quadruplex
- Townhome(s):**
 - Attached
 - Detached

Apartment Complex

Other: _____

Structure Info (Required):

_____ # of Buildings (Apartment Complex)

_____ # Units

_____ # of Floors

_____ Total Occupied Sq FT

_____ # of Bedrooms _____ # of Bathrooms

_____ # of Offices / Suites (Commercial)

_____ # of Parking Spaces

Construction Type: _____

Occupancy Load: _____ Occupancy Type: _____

What's Next? See:

1. [What requires a permit.](#)
2. [Setup Online Account and How to Apply via Portal.](#)
3. [The Plan Review Process and minimum Plan Requirements.](#)

BUILDING PERMIT INFORMATION

Who is the PERMIT HOLDER – the person responsible for, will supervise <i>and do the work</i> for this permit: (Reference the “Who Can Pull a Permit” document)		
<input type="checkbox"/> Homeowner / Property Owner <ul style="list-style-type: none"> • Tax Bill and/or Deed filed with County Required • Completed Homeowner’s Affidavit Form Required • Stated Issued ID Required 	<input type="checkbox"/> Contractor (if To Be Determined please check <input type="checkbox"/>) <ul style="list-style-type: none"> • Current Business License Required • Copy of State Certification (if applicable) Required • State Issued ID Required 	
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:		
<input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Designer / Engineer / Architect <input type="checkbox"/> Agent for Permit Holder		
PROPERTY OWNER: (REQUIRED – APPLICATION WILL NOT BE ACCEPTED WITHOUT PROPERTY OWNER’S INFORMATION)		
Name:		Phone:
Address (Physical / No PO Boxes):		
City:	State:	Zip:
Email:		
CONTRACTOR: (All Contact Information Required - if To Be Determined, please check <input type="checkbox"/>) If contractor is to be determined, an ‘ASSIGNING CONTRACTOR TO PERMIT AFTER SUBMISSION’ form must be submitted with updated information and signatures before permit can be issued.)		
<input type="checkbox"/> State Certified Contractor	<input type="checkbox"/> Specialty Trade <small>(Roofer, Concrete, Siding, Sheetrock, Fence, Windows, etc...)</small>	
Name:		Phone:
Company Name:		Phone (Company):
Address (Physical / No PO Boxes):		
City:	State:	Zip:
Email:		
Business License #:	State Card # (if applicable):	
AGENT FOR PERMIT HOLDER CONTRACTOR: (All Contact Information Required! Authorized Agent Form required!)		
Name:		Phone:
Address (Physical / No PO Boxes):		
City:	State:	Zip:
Email:		
DESIGNER / ENGINEER / ARCHITECT (if applicable):		
<input type="checkbox"/> Designer <input type="checkbox"/> Engineer <input type="checkbox"/> Architect		
Name:		Phone:
Company Name:		Phone (Company):
Address:		
City:	State:	Zip:
Email:		

CONTACT INFORMATION

