

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

Building Permit #: _____

Work Description / Full Scope (Required):

Permit Type (Required):

Plumbing

Other: _____

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”)

Homeowner Owner

- Tax Bill and/or Deed filed with County Required
- Completed [Homeowner's Affidavit Form](#) Required
- Stated Issued ID Required

Contractor

- 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: Property Owner Contractor Agent for Permit Holder

PROPERTY OWNER: (Required – Application Will Not Be Accepted)

Name: _____ Phone: _____

Address (Physical / No PO Boxes): _____

City: _____ State: _____ Zip: _____

Email: _____

CONTRACTOR: (All Contact Information Required)

Name: _____ Phone: _____

Address (Physical / No PO Boxes): _____

City: _____ State: _____ Zip: _____

Email: _____

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

State Certified Contractor Specialty Trade

Name: _____ Phone: _____

Company Name: _____ Phone (Company): _____

Address (Physical / No PO Boxes): _____

City: _____ State: _____ Zip: _____

Email: _____

Business License #: _____ State Card # (if applicable): _____

