

City of Jerome Building Permit Application

Check all that apply.

<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Other
<input type="checkbox"/> New Building	<input type="checkbox"/> Patio Deck	<input type="checkbox"/> Sewer Tap
<input type="checkbox"/> Addition	<input type="checkbox"/> Curb and Gutter	<input type="checkbox"/> Water Tap
<input type="checkbox"/> Remodel	<input type="checkbox"/> Curb Cut	<input type="checkbox"/> Occupancy Permit
<input type="checkbox"/> Carport/ Garage	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Wrightsoft HVAC compliance
<input type="checkbox"/> Other _____	Existing Curb and Gutter?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Plans Submitted

<input type="checkbox"/> Site Plan Details	<input type="checkbox"/> Roof Structure Details	<input type="checkbox"/> Footing & Foundation Details
<input type="checkbox"/> Floor Structure Details	<input type="checkbox"/> Wall, Door, Window Details	<input type="checkbox"/> General Notes
<input type="checkbox"/> Floor Plan Details	<input type="checkbox"/> Plan Analysis	<input type="checkbox"/> Energy Codes
<input type="checkbox"/> HVAC	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing

Owner: _____	Description of Work _____
Address: _____	_____
Phone No.: _____	_____

Contractor: _____	Prior Use: _____
Registration# _____	_____
Expiration date: _____	_____
Phone No.: _____	_____

Architect: _____	Proposed Use: _____
Phone No.: _____	_____
Engineer: _____	_____
Phone No.: _____	_____

Project Address: _____	Legal: Lot: _____	Block: _____	Sub: _____	
Estimated Value: _____	No. Floors _____	Main: _____	2 nd : _____	
Basement: _____ sf.	Garage: _____ sf.	Deck: _____ sf.	Carport: _____ sf.	
Patio: _____ sf.	Other: _____	Sf. Description: _____		

The applicant represents that all statements are a true description of the proposed uses and/or buildings and that all laws governing this project will be complied with and provisions made to allow inspections by city or state representatives and that the building(s) will not be occupied or used without specific authorization of the Building and/or Fire Department.

Submitted By: _____	Received By: _____
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Date: _____	Date: _____	Time: _____
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Office use only

Const. Type: _____	Occupancy: _____	Sprinkler Req.: _____	Zoning: _____	Map: _____
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Plan Distribution

Building: _____	Date: _____	Fire: _____	Date: _____
Public works: _____	Date: _____	Engineering: _____	Date: _____
Water Works: _____	Date: _____	P&Z _____	Date: _____