STRUCTURAL PERMIT WORKSHEET

Customer Contact Information-(Where work will be performed)

Last Name: _____ First Name: _____

Address: _____ City:_____

State: _____ Zip: _____

Phone: _____

Check One: _____ Single Family

_____ Multi-Family

_____ Commercial

_____ Garage

☐ Building

___ New/Addition

___ Remodel

___ Signage

___ Re-Roof

___ Gutters

___ Trim

___ Siding

___ Windows

___ Doors

___Carports

___ Deck Above 18"

___ Deck Below 18"

___ Storage Shed

___ Pool

___ Other

☐ Demo

___Interior Demo

___Structure Demo

___Up to 2,000 sqft

___Up to 4,000 sqft

___Up to 10,000 sqft

Contractor Contact Information

Your Name: _____

Contractor's Company Name: _____

Contractor's Address: _____

City: _____ State:_____ Zip: _____

Company Phone: _____ Job Start: _____

Marion County License # (if applicable): _____

Are there any Apartment Units? _____

Square Footage of the Job: _____SQ. FT.

Number of Levels: _____

Job Cost: $_____

Any contractor, who does not request an inspection before work is completed, may be subject to a $50.00 inspection fee for a return site visit. By signing below, you are acknowledging you have received a copy of the required inspections.

Applicant Signature _____ **Date** _____

Amended: 8/27/2014