

# STRUCTURAL PERMIT WORKSHEET

## Customer Contact Information-(Where work will be performed)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check One: \_\_\_\_\_ Single Family  
\_\_\_\_\_ Multi-Family  
\_\_\_\_\_ Commercial  
\_\_\_\_\_ Garage

**\*\*Please note: No accessory structure can exceed the height of the primary structure.**

<input type="checkbox"/> Building	<b>Please see</b>	<input type="checkbox"/> Demo
_____ New/Addition- <b>PLAN REVIEW</b>		_____ Interior Demo
_____ Remodel <b>FORM</b>	_____ Trim	_____ Deck Above 18"
_____ Signage	_____ Siding	_____ Deck Below 18"
_____ Re-Roof	_____ Windows	_____ Storage Shed
_____ Gutters	_____ Doors	_____ Pool
	_____ Carports	_____ Other
		_____ House
		_____ Garage
		_____ Commercial

## Contractor Contact Information

Your Name: \_\_\_\_\_ Job Start: \_\_\_\_\_

Contractor's Company Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 \_\_\_\_\_