

TRADE PERMIT APPLICATION

Commercial Residential

Property Owner: _____ Permit #: _____
 STRAP #: _____ Lot #: _____ Block: _____ Unit #: _____
 Job Address: _____ Subdivision: _____
 Directions to job: _____

Contractor Business Name/Applicant Name: _____
 License #: _____ Phone #: _____
 Email Address: _____
 Estimated Job Value: \$ _____
 Job Description: _____

Are you using Private Provider services for Plan Review? Yes No Inspections? Yes No

CHECK INFORMATION THAT APPLIES

ROOF Tile may be changed to shingle, but shingle may not be changed to tile without Engineering approval. If shingle roof is less than a 2/12 pitch, a roof pitch agreement is required before inspections. [Additional requirements apply for houses built before 1995 with a value over \\$300,000.](#)

- | | | |
|---|---|---|
| <input type="checkbox"/> Roof pitch _____ | <input type="checkbox"/> Fiberglass Shingle | <input type="checkbox"/> Modified – will structural work be done? Y <input type="checkbox"/> N <input type="checkbox"/> |
| <input type="checkbox"/> Tear off | <input type="checkbox"/> Build Up | <input type="checkbox"/> Single Ply |
| <input type="checkbox"/> Shingle over shingle | <input type="checkbox"/> Concrete Tile | <input type="checkbox"/> Cedar Shake |
| <input type="checkbox"/> Complies w/ Solid Waste Ord #07-25 | <input type="checkbox"/> Urethane Coating | <input type="checkbox"/> Rolled Roof |
| | | <input type="checkbox"/> Metal |
| | | <input type="checkbox"/> Max Tile |

Mechanical HVAC

- | | | | | | |
|--|---|-------------|-------|-------|-------|
| <input type="checkbox"/> Replacement | <input type="checkbox"/> New system, if for a Mobile Home list the permit # _____ | | | | |
| <input type="checkbox"/> Package Unit | <input type="checkbox"/> Pool Heat Pump | (1) | (2) | (3) | (4) |
| <input type="checkbox"/> Interior Cooler; # of Compressors _____ | <input type="checkbox"/> Air Handler Only | Seer: _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Exterior Walk-in Cooler | <input type="checkbox"/> Condenser Only | KW: _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Split System | <input type="checkbox"/> Duct Work Only | Tons: _____ | _____ | _____ | _____ |

SOLAR Complete a roof affidavit.

- Pool Heater Water Heater Pool & Water Heater Photovoltaic System, provide KW's _____

ELECTRIC

AMPS: _____ Volts: _____ Relocate Upgrade Set Ped, if a gang service # of services _____

PLUMBING Sq. Ft. of Ground Area: _____ **SEWER** Copy of paid tap receipt is required.

IRRIGATION From Lake From Well – Well permit # required: _____

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENTLY PASSED INSPECTION. THE PERMIT IS VOID IF THE ZONING CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY WITH THE SANITARY REGULATIONS AND UNDERSTANDS THAT THE PROPOSED STRUCTURE MAY NOT BE USED OR OCCUPIED UNTIL AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND UPON CONVICTION, APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR IMPROVEMENTS.

I hereby certify that to the best of my knowledge, the information submitted for this permit is true and correct, and complies with Deed of Restrictions.

Signature Authorization: _____ Date: _____

Print Name (required for hand signatures only): _____