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APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

Rcvd.Date Stamp Here

		Permit Application No			
		1. PROPERTY / SITE INF	ORMATION		
Site Address:		Tax Map / Parcel No.:			
С	Complete Address / Street / L	ot#			
(City	State		Zip	
Municipality:		County:	Land Use Pern	Land Use Permit No	
Use: Residential	I ☐ Single-Family Dw	elling / Duplex	☐ New / ☐ Relocate	d Manufactured Home	☐ Modular
Commercial Other			Floodp	Floodplain present: Yes	
Improvement Type:		☐ Alteration ☐ Repair/Repla		Other	
	2. LAND / PROPE	ERTY OWNER'S INFORMATION (C	omplete Section 5 for Cont	tractor's Info)	
<u></u>			B		
First Name	Mi.	Last Name	Phone No:	Cell No.:	
Street Address		City	State Zip	Email:	
		•	·		
	2 DIII DIA	IC / STRUCTURE OWNER'S INFO	DMATION III Different From	A hovel	
	3. BUILDIN	NG / STRUCTURE OWNER'S INFO	RMATION [If Different From	n Above]	
First Name	3. BUILDIN	NG / STRUCTURE OWNER'S INFOR	RMATION [If Different From	n Above]Cell No.:	
		Last Name	Phone No:	Cell No.:	
			•	<u> </u>	
		Last Name	Phone No: State Zip	Cell No.:	
Street Address	Mi.	Last Name City	Phone No: State Zip PPLICATION	Cell No.: Email:	
Street Address	Mi.	Last Name City 4. BUILDING PERMIT AI	Phone No: State Zip PPLICATION	Cell No.: Email:	
Street Address	Mi.	Last Name City 4. BUILDING PERMIT AI	Phone No: State Zip PPLICATION	Cell No.: Email:	
Street Address	Mi.	Last Name City 4. BUILDING PERMIT AI	Phone No: State Zip PPLICATION	Cell No.: Email:	
Street Address	Mi.	Last Name City 4. BUILDING PERMIT AI	Phone No: State Zip PPLICATION	Cell No.: Email:	
Street Address	Mi.	Last Name City 4. BUILDING PERMIT AI	Phone No: State Zip PPLICATION	Cell No.: Email:	
Street Address Provide below descript	Mi.	Last Name City 4. BUILDING PERMIT AI	Phone No: State Zip PPLICATION rements on lot & approx. d.	Cell No.: Email: istances to lot lines)	
Street Address Provide below descript Total Lot Area:	Mi. tion of Work: (Also provide	City 4. BUILDING PERMIT AI details on plot plan: Show all improv	Phone No: State Zip PPLICATION rements on lot & approx. d.	Cell No.: Email: istances to lot lines)	

5. CONTRACTOR INFORMATION

Business Name:		Phone No:			
Contractor Street Address		City		State	Zip
Person in Charge of Work:		Phone No.:			_
Email:		Cell No.:			
Workman's Compensation Insura	ance: Provided On Record		ent Contr. Reg. #		
►► THIS SECTION	MUST BE FULLY COMPLETED OR	THE APPLICATION MAY BE REJEC	TED AS INCOMPLET	E◀◀	
authorized by the owner of record start of construction, and agree to or his representative shall have the	d. I understand and assume responsible to conform to all applicable local, state, the authority to enter the areas in which	CERTIFICATION The owner of record to submit this app ility for the establishment of official pro and federal laws governing the execut this work is being performed, at any r true & correct to the best of my knowle	perty lines for required ion of this project. I ce easonable hour, to en	I setbacks prior ertify that the Coo force the provisi	to the de official ons of
Applicant Signature		Print Name (<i>legibly</i>):		Date	
Applicant Phone (Land Line and Co	ell)	Applicant Email			
Business Name (if applicable)		Email			
☐ Business <u>OR</u> ☐ Applicant Co	mplete Mailing Address				
Business Phone Number (Land Lin	ne and Cell)				
	<u>7.</u> <u>F</u>	PROJECT DETAILS			
Trades: Building Elect	rical Work Plumbing Work	Mechanical Work (HVAC) Fire S	uppression/Fire Alarm	System	
Heat Source (if applica	able): Fuel Type	ā.			
Foundation Type: Crawls		<u> </u>	Other:		
Details:					
					_
		RACTOR INFORMATION_ r trades. Use additional sheet(s) if needed.	Additional sheet(s) attached		
Contractor	Address		Phone No	Pa H	HIC#
Contractor	Address		Phone No	Pa H	HIC#
Contractor	Address		Phone No	Pa H	HIC #
Contractor	Address		Phone No	Pa H	HIC#
APPLICANT OR AUTHOR	RIZED AGENT IS RESPONSIBLE FOR	R CONTACTING ACC OFFICE FOR A	LL REQUIRED INSP	ECTIONS.	

▶▶ IF NOT APPLICABLE TO YOUR PROJECT PLEASE PUT N/A ON THE LINE/ SPACE ◀◀