

Stratmoor Hills Fire Protection District

BUILDING PERMIT APPLICATION

Today's Date: Approximate work start date:

CONTACT INFORMATION

Property Owner	Name: <input type="text"/>	Phone: <input type="text"/>
	Address: <input type="text"/>	City/ST: <input type="text"/>
	Email: <input type="text"/>	ZIP Code: <input type="text"/>

Applicant information (If different from owner) License # <input type="text"/>	Name: <input type="text"/>	Phone: <input type="text"/>
	Company Name: <input type="text"/>	
	Address: <input type="text"/>	City/ST: <input type="text"/>
	Email: <input type="text"/>	ZIP Code: <input type="text"/>

Contractor/Agent Information (If different from applicant) License # <input type="text"/>	Name: <input type="text"/>	Phone: <input type="text"/>
	Company Name: <input type="text"/>	
	Address: <input type="text"/>	City/ST: <input type="text"/>
	Email: <input type="text"/>	ZIP Code: <input type="text"/>
	Fax: <input type="text"/>	

SUBJECT PROPERTY INFORMATION

Property Address:

Property Zone:

PROPOSAL

Scope of Work Describe nature of Proposed project.	
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Valuation of Project:

Attachments included: Please select below

- Building Plan Set-Architecture/Full floor plan(s)/Engineer/etc.
- Site plan(s) showing all building and zoning information
- Elevation plan(s) showing all building and zoning information
- Demolition and/or Excavation plan(s)
- Fire protection plan(s)
- Valuation Statement
- Other (please describe):

Signature Required

By my signature, I represent that I am the owner of the subject property, or am duly authorized by the owner of the subject property to make this application. To the best of my knowledge and belief, I attest that the information stated in this application and in all supporting plans and documents is true and accurate

Signature of Owner or Authorized Owner Representative: _____

Full Name (Print): _____ Date: _____

NO REFUND WILL BE GIVEN FOR ANY PLAN REVIEW FEE COLLECTED BASED ON THE VALUATION PROVIDED BY APPLICANT