



Village of Obetz Building Department

RESIDENTIAL APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

Residential Application Fee is \$0

SITE ADDRESS:	
LOT #:	SUBDIVISION / PARCEL No.:
LOCATED BETWEEN _____ and _____	
ZONING DISTRICT:	FLOOD PLAIN ZONE: <i>X if Not Applicable</i> MAP # _____ DEV. PERMIT NO.:
DESCRIPTION OF PROJECT:	
APPLICATION DATE: ____ / ____ / 201____	PROJECT COST: \$ _____
ESTIMATED STARTING DATE:	ESTIMATED FINISH DATE:
TYPE OF IMPROVEMENT:	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR / REPLACEMENT <input type="checkbox"/> OTHER _____
APPLICATION FOR:	<input type="checkbox"/> BLANKET RESIDENTIAL <input type="checkbox"/> ADDITION / ALTERATION / ACCESSORY STRUCTURE <input type="checkbox"/> BUILDING (STRUCTURAL) <input type="checkbox"/> FOUNDATION START <input type="checkbox"/> OTHER _____
RESIDENTIAL:	<input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> THREE FAMILY <input type="checkbox"/> MOBILE HOME
OWNERS NAME:	
ADDRESS:	
TELEPHONE:	FAX: _____ MOBILE: _____
E-MAIL ADDRESS:	
CONTRACTOR(S):	
ADDRESS:	
TELEPHONE:	FAX: _____ MOBILE: _____
E-MAIL ADDRESS:	
APPLICANT:	
ADDRESS:	
TELEPHONE:	FAX: _____ MOBILE: _____
E-MAIL ADDRESS	
DESIGN PROFESSIONAL:	
<input type="checkbox"/> ARCHITECT / <input type="checkbox"/> ENGINEER	REGISTRATION No.: _____
ADDRESS:	
TELEPHONE:	FAX: _____ MOBILE: _____
E-MAIL ADDRESS	

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BUILDING CONSTRUCTION AREA (List the square footage under the appropriate column below)				
SQUARE FEET AREA	NEW & ADDITIONS	ALTERATION		OCCUPANCY LOADS
BASEMENT				
FIRST FLOOR				
2, 3, FLOORS, ETC.				
GARAGE, SHED, DECK, ETC				
TOTAL AREA SQUARE FEET				
BUILDING PERMIT (Complete for structural construction)				
<input type="checkbox"/> RESIDENTIAL		BASEMENT: <input type="checkbox"/> BLOCK <input type="checkbox"/> POURED <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER		
# OF ROOMS:		# OF BEDROOMS:		
# OF BUILDINGS:		# OF UNITS:	# OF FULL BATHS:	# OF 1/2 BATHS:
# OF STORIES		HEIGHT IN FEET:	A/C: <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF CHIMNEYS:
RESIDENTIAL DESIGN CRITERIA (Complete for all residential construction projects)				
FOUNDATIONS <input type="checkbox"/> Basement Dimensions _____ x _____ <input type="checkbox"/> Crawl Space Dimensions _____ x _____ <input type="checkbox"/> Footer Dimensions _____ x _____ x 32" Deep <input type="checkbox"/> 4" Block (max 3 courses, reinforced & grouted) <input type="checkbox"/> 8" Block ACI 318, BIA Eng. Brick Masonry <input type="checkbox"/> 12" Block NCMA TR-68A ACI/ASCE 530 <input type="checkbox"/> _____ x _____ Treated Posts with Pads <input type="checkbox"/> Poured Concrete (8" wide with footer) <input type="checkbox"/> Poured Concrete (12" wide without footer) <input type="checkbox"/> 1/2" Anchor Bolts or Straps <input type="checkbox"/> Other _____		FLOORS <input type="checkbox"/> First Floor Dimensions _____ x _____ <input type="checkbox"/> Second Floor Dimensions _____ x _____ <input type="checkbox"/> Plate Size _____ x _____ <input type="checkbox"/> Center Beam Size _____ Max. Span _____ <input type="checkbox"/> Joist Size _____ x _____ Max Span _____ <input type="checkbox"/> 1/2" - 4 Ply Sheathing <input type="checkbox"/> 5/4" Decking <input type="checkbox"/> 3/4" T & G <input type="checkbox"/> 3/4" OSB <input type="checkbox"/> Concrete Slab (4" minimum thickness) <input type="checkbox"/> Other _____		
WALL CONSTRUCTION <input type="checkbox"/> 2x4 - 16" c-c (structural grade) <input type="checkbox"/> 2x4 - 24" c-c (structural grade) <input type="checkbox"/> 2x6 - 24" c-c (structural grade) <input type="checkbox"/> 2-2x4 Headers (2' - 4' spans bearing walls) <input type="checkbox"/> 2-2x6 Headers (4' - 6' spans bearing walls) <input type="checkbox"/> 2-2x8 Headers (6' - 8' spans bearing walls) <input type="checkbox"/> 2-2x10 Headers (8' - 10' spans bearing walls) <input type="checkbox"/> 2-2x12 Headers (10' - 12' spans bearing walls) <input type="checkbox"/> Spans Exceeding 12' Will Be Designed <input type="checkbox"/> Other _____		ROOF - CEILING <input type="checkbox"/> 2x4 - c-c (stringers 4' apart max.) <input type="checkbox"/> 2x6 - 24" c-c (stringers 4' apart sheath clips required) <input type="checkbox"/> Other _____ <input type="checkbox"/> Trusses 24" c-c (sheathing clips required) <input type="checkbox"/> 7/16" OSB <input type="checkbox"/> 1/2" Plywood <input type="checkbox"/> 1" Nominal Dimension Sheathing <input type="checkbox"/> Shingles Class _____ <input type="checkbox"/> Felt Paper _____ # with 40-lb. starter <input type="checkbox"/> Roof Pitch <input type="checkbox"/> Rolled Roofing <input type="checkbox"/> Other _____		



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CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents)

READ CAREFULLY BEFORE SIGNING AND SUBMITTING THIS APPLICATION: ALL PERMITS SHALL EXPIRE ONE YEAR FROM THE DATE OF ISSUE. A ONE TIME RENEWAL SHALL BE PERMITTED IF THE ORIGINAL PERMIT HAS NOT EXPIRED. RENEWED PERMITS SHALL EXPIRE ONE YEAR FROM THE RENEWAL DATE.

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION, OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING, STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE VILLAGE OF OBETZ BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: _____	DATE: _____
	PRINT NAME: _____

<input type="checkbox"/> HOLD / DATE: _____ REASON: _____	<input type="checkbox"/> INCOMPLETE <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIALLY APPROVED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
	BUILDING OFFICIAL: _____ / /
	PLANS EXAMINER: _____ / /

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">FOR DEPARTMENT USE ONLY</th> </tr> <tr> <td style="width:20%; padding: 2px;">Permit Number:</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">Date Received:</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">Date Forwarded:</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">Date Returned:</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">Date Issued:</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">Zoning Approval:</td> <td style="padding: 2px;"> </td> </tr> </table>	FOR DEPARTMENT USE ONLY		Permit Number:		Date Received:		Date Forwarded:		Date Returned:		Date Issued:		Zoning Approval:		
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