

City of Howe

Residential Building Permit Application

| | | | |
|--------------------------------|---|---|--|
| Building Permit Number: _____ | | Valuation: _____ | |
| Project Address: _____ | | | |
| Lot: _____ | Block: _____ | Subdivision: _____ | |
| Project Description: | NEW SFR <input type="checkbox"/> | SFR REMODEL/ADDITION <input type="checkbox"/> | SPECIFY OTHER: _____ |
| | PLUMBING <input type="checkbox"/> | MECHANICAL <input type="checkbox"/> | ELECTRICAL <input type="checkbox"/> |
| FENCE <input type="checkbox"/> | ACCESSORY BUILDING <input type="checkbox"/> | LAWN IRRIGATION <input type="checkbox"/> | SWIMMING POOL <input type="checkbox"/> |
| Description of Work: _____ | | | |
| Area Square Feet: _____ | | Covered _____ | Total: _____ |
| Living: _____ | Garage: _____ | Porch: _____ | Number of stories: _____ |

| | | | |
|--------------------------|-------------------|-----------------------|--|
| Owner Information: _____ | | | |
| Name: _____ | | Contact Person: _____ | |
| Address: _____ | | | |
| Phone Number: _____ | Fax Number: _____ | Mobile Number: _____ | |

| | | | |
|------------------------------|----------------|--------------|---------------------------|
| General Contractor | Contact Person | Phone Number | Contractor License Number |
| | | | |
| Mechanical Contractor | Contact Person | Phone Number | Contractor License Number |
| | | | |
| Electrical Contractor | Contact Person | Phone Number | Contractor License Number |
| | | | |
| Plumber/Irrigator | Contact Person | Phone Number | Contractor License Number |
| | | | |

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. Separate permits are required for electrical, plumbing, and heating/air condition. All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

| | | |
|--------------------|----------------------|--|
| Approved by: _____ | Date approved: _____ | |
|--------------------|----------------------|--|

Construction must not begin on new or remodeled structures, accessory buildings, or carports until an approved plan has been returned from the Plan Review Department of Bureau Veritas (877-837-8775) and a permit is issued by the City.

Total Fees: _____
 Issued Date: _____
 Issued By: _____

BV Project # _____