



General Permit Application

Date ____/____/____	Project Valuation \$_____
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Project Address	Suite ____ Bldg ____ Unit ____
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Building Use Residential SF Residential MF Commercial Other

Work Building Electrical Mechanical Plumbing Sign Other Demo

Improvement New Alteration Repair None

Owner	
Owner Address <small>If Different from Project</small>	Suite ____ Bldg ____ Unit ____
City _____	State _____ Zip Code _____
Phone _____ - _____ - _____	Email _____
Are you applying as an Owner/Builder <input type="checkbox"/> Yes <input type="checkbox"/> No	
Printed Name _____	Signature _____

Contractor	Is the Contractor the applicant?
Contractor Address	Suite ____ Bldg ____ Unit ____
City _____	State _____ Zip Code _____
Phone _____ - _____ - _____	Email _____
Contractor License # _____	Name/Agent _____
Printed Name _____	Signature _____

Historic District Health Department Flood Zone

Project Description: