

Date Received

____/____/____

By:

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT—Applicants to Complete all items in sections: I, II, III, IV and IX.

I. LOCATION OF BUILDING

AT (LOCATION) _____ ZONING DISTRICT _____
 (No.) (STREET) (MUNICIPALITY)

BETWEEN _____ AND _____
 (CROSS STREET) (CROSS STREET)

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING—All Applicants complete Parts A—D

A. TYPE OF IMPROVEMENT

- 1. New building
- 2. Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3. Alteration (See 2 above)
- 4. Repair, replacement
- 5. Wrecking (If multifamily, residential, enter number of units in building in Part D, 13)
- 6. Moving (relocation)
- 7. Foundation only

B. OWNERSHIP

- 8. Private (individual, corporation, nonprofit institution, etc.)
- 9. Public (Federal, State or local government)

D. PROPOSED USE—For "Wrecking" most recent use

Residential

- 12 One family
- 13 Two or more family—
Enter number of units _____
- 14 Transient hotel, motel or dormitory—
Enter number of units _____
- 15 Garage
- 16 Carports
- 17 Other—Specify _____

Nonresidential

- 18 Amusement, recreational
- 19 Church, other religious
- 20 Industrial
- 21 Parking garage
- 22 Service station, repair garage
- 23 Hospital, institutional
- 24 Office, bank, professional
- 25 Public utility
- 26 School, library, other educational
- 27 Stores, mercantile
- 28 Tanks, towers
- 29 Other—Specify _____

C. COST

- 10. Cost of improvement \$
- To be installed but not included in the above cost
- a. Electrical \$
- b. Plumbing \$
- c. Heating, air conditioning \$
- d. Other (elevator, etc.) \$
- 11. TOTAL COST OF IMPROVEMENT \$

(Omit cents)

Nonresidential—Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING—

For new buildings and additions, complete Parts E—L;
for wrecking, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME

- 30 Masonry (wall bearing)
- 31 Wood frame
- 32 Structural steel
- 33 Reinforced concrete
- 34 Other—Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 Public or private company
- 41 Private (septic tank, etc)

H. TYPE OF WATER SUPPLY

- 42 Public or private company
- 43 Private (well, cistern)

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 Gas
- 36 Oil
- 37 Electricity
- 38 Coal
- 39 Other—Specify _____

I. TYPE OF MECHANICAL

- Will there be central air conditioning?
- 44 Yes 45 No
- Will there be an elevator?
- 46 Yes 47 No

J. DIMENSIONS

- 48 Number of stories
- 49 Total square feet of floor area, all floors, based on exterior dimensions
- 50 Total land area, sq. ft.

K. NUMBER OF OFF-STREET PARKING SPACES

- 51 Enclosed
- 52 Outdoors

L. RESIDENTIAL BUILDINGS ONLY

- 53 Number of bedrooms
- 54 Number of bathrooms:
 - Full
 - Partial

NO. STREET

IV. IDENTIFICATION—To be completed by all applicants

Name	Mailing address—Number, street, city, and state	ZIP code	Tel. No.
1. Owner or Lessee Name			
2. Contractor		Builder's License No.	
3. Architect or Engineer			

I hereby certify 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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
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**** NOTE:** Approval by the City of Rockdale does not constitute approval to violate any deed restrictions or Home Owner's Association requirements. The City of Rockdale is unable to enforce deed restrictions or HOA regulations. Therefore, it is the responsibility of the applicant to verify compliance with all deed restrictions and/or any Home Owner's Association requirements for their property prior to starting construction. _____ - Applicant acknowledgement and initial here.

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD—For office use

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VII. VALIDATION

Building Permit number _____ Building Permit issued by _____ Date _____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____	<p><u>FOR DEPARTMENTAL USE ONLY</u></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Approved by: _____ <div style="text-align: center; margin-left: 100px;"><i>Signature</i></div>	_____ <div style="text-align: center; margin-left: 100px;">TITLE</div>

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

IX. SITE OR PLOT PLAN —*For Applicant Use*

