

City of Todd Mission

Commercial Building Permit Application

Building Permit Number: _____

Project Name: _____ Square Foot: _____

Project Address: _____

Project Description: New Addition Remodel Finishout
 Sign Plumbing Mechanical Electrical Other

Scope of Work: _____

Owner Information: _____

Name: _____ Contact Person: _____

Address: _____

Phone Number: _____ Fax Number: _____ Mobile Number: _____

| | | | |
|-----------------------------|----------------|--------------|---------------------------|
| Engineer _____ | Contact Person | Phone Number | Fax Number |
| Architect _____ | Contact Person | Phone Number | Fax 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 |
| Plumbing Contractor _____ | 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. All permits require final inspection.

A certificate of occupancy must be issued before any building is occupied.

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: _____ |
|--------------------|----------------------|

Permit Fees: _____
 Issued Date: _____
 Issued By: _____



BV Project # _____