

FOR INSPECTIONS CALL (877) 298-9954 JAS PACIFIC	VILLAGE OF GREEN OAKS BUILDING PERMIT APPLICATION	PERMIT NO. _____ TAXKEY# _____												
PROJECT LOCATION (Building Address)	ISSUANCE OF A PERMIT IS NOT A WAIVER OF ANY APPLICABLE COVENANTS, CONDITIONS OR RESTRICTIONS OF RECORD													
PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE-TO TWO FAMILY													
Subdivision Name _____	Lot No. _____	Block No. _____												
Owner's Name _____	Mailing Address _____	Phone & Email _____												
General Contractor (Lic. No.) _____	Mailing Address _____	Phone (Include Area Code) _____												
Carpenter (Lic. No.) _____	Mailing Address _____	Phone _____												
Plumber (Lic. No.) _____	Mailing Address _____	Phone _____												
Electrician (Lic. No.) _____	Mailing Address _____	Phone _____												
Heating (Lic. No.) _____	Mailing Address _____	Phone _____												
BUILDING or REMODELING: PERMIT(S) INCLUDE: <input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Erosion <input type="checkbox"/> Zoning														
Types of Rooms:														
<input type="checkbox"/> DRIVEWAY	<input type="checkbox"/> FENCE Length _____ Height _____ Type _____	OTHER (specify) _____												
<input type="checkbox"/> SIGN <input type="checkbox"/> Wall <input type="checkbox"/> Ground Width _____ Length _____ Area _____ Lot Frontage _____ Ht Ab Ground _____														
No error or omission either the plans or application, whether said plans or application has been approved by the building inspector or shall not permit or relieve the applicant from construction the work in any other manner than that provided for in the ordinances of this municipality relating thereto. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of my knowledge and belief.														
SIGNATURE OF APPLICANT _____		5. PLUMBING Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Municipal <input type="checkbox"/> Permit No. _____												
Print Name _____ Date _____		6. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well												
1a. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Other _____	2. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	3. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated-Wood <input type="checkbox"/> Other _____												
1b. GARAGE <input type="checkbox"/> Attached <input type="checkbox"/> Detached	7. ENERGY SOURCE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Fuel</td> <td style="border-bottom: 1px solid black;">Space Htg.</td> <td style="border-bottom: 1px solid black;">Water Htg.</td> </tr> <tr> <td>Nat. Gas <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electric <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other _____</td> <td>_____</td> <td>_____</td> </tr> </table>	Fuel	Space Htg.	Water Htg.	Nat. Gas <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	_____	_____	8. NUMBER OF BATHS _____ 9. NUMBER OF BEDROOMS _____
Fuel	Space Htg.	Water Htg.												
Nat. Gas <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Electric <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Other _____	_____	_____												
FEES: Building _____ Electric _____ Plumbing _____ HVAC/Mech. _____ Other: _____ Sub-total _____ Administration _____ Bond _____ Engineering _____ Total: \$ _____		10. AREA <i>Office Use Only</i> _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. _____ Sq. Ft. TOTAL _____												
RECEIPT: Check # _____ Amount _____ Date _____ From _____ Rec. By _____		11. ESTIMATED COST \$ _____												
PERMIT EXPIRATION: Permit expires one year from date issued unless otherwise noted below.		PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ _____ Signature												
CONDITIONS OF APPROVAL This permit is issues pursuant to the adopted building & zoning ordinances and the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.														