



APPLICATION FOR MISCELLANEOUS PERMIT

APPLICATION NO.: MP

LOC: BS 0408



PLEASE COMPLETE THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO.: _____

CITY/LOCALITY: _____ CROSS-STREET: _____

ASSESSOR PARCEL NUMBER (APN): _____

TENANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____ OWNER/BUILDER: YES ___ NO ___
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ PHONE (____) _____ EXT. _____

APPLICANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ PHONE (____) _____ EXT. _____

CONTRACTOR: _____ LIC. NO.: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____ PHONE (____) _____ EXT. _____

ARCH/ENG: _____ LIC. NO.: _____ CLASS: _____
(LAST NAME/BUSINESS NAME) (FIRST)

ADDRESS: _____ PHONE (____) _____ EXT. _____

WORK DESCRIPTION:

VALUATION: \$ _____ BUILDINGS ON LOT: _____ NO. OF STORIES: _____

PROJECT SIZE: _____ SQ.FT. _____ CONSTRUCTION TYPES: _____ OCCUPANCY GROUPS: _____

FOR BUILDING AND SAFETY USE ONLY

TRAILER USE: _____ INSPECTION FOR - GEOLOGY: _____ OCCUP: _____ SAFETY: _____

OTHER:

LOT SIZE: _____ X _____

EXISTING BUILDING USE: _____

BUILDING SIZE: _____ SQ. FT.

USE ZONE: _____

LIST ITEMS:

OCCUP GRP EXISTING: _____ NEW: _____ CONSTR TYPE: _____

SPECIAL CONDITIONS: _____

OCCUP LOAD EXIST: _____ PROPOSED: _____ PARKING SPACES REQ'D: _____ PROVIDED: _____

EXIT HARDWARE – NO SPECIAL KNOWLEDGE: _____ PANIC DEVICE: _____ NBR OF EXITS: _____

LIMITED TIME USE - FROM: _____ TO: _____