

RESIDENTIAL BUILDING PERMIT APPLICATION

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DATE

INSPECTOR

ADDI (644) T. (4) T. (5)			L APPROVED				E		CTOR			
APPLICANT INFORMATION APPLICANT/COMPANY:	JN			CON	ITACT:							
ADDRESS				CIT	//CT/TID							
ADDRESS:				CHY	//ST/ZIP:							
PHONE:					AIL:							
PROJECT INFORMATION												
TYPE OF PROJECT (CHECK OF		M SHELTERS AND PO	OLS REQUIRE SEPARAT	E PERMITS								
□ NEW CONSTRUCTION		□ REMODEL/ALT	ERATION/ADDITION	ı								
LOCATION & DESCRIPTION		- KLINODELI/KEI	2.0.00000000000000000000000000000000000	•								
PROJECT ADDRESS:				SUE	BDIVISION:				LOT:	BLC		
PROJECT COST. A					ET LINIDED DOOF	SO ST ING	D.F.	CTORA CUELTER		FI 00DC		
PROJECT COST: \$				SQ.	FT UNDER ROOF:	SQ. FT INS	DE:	STORM SHELTER	: NO. I	FLOORS:		
CONTRACTOR INFORMATION	ON (COMPANY A	AND PHONE NUMBE	R) : CONTRACTORS OT	HER THAN	BUILDER MUST P	ULL THEIR O\	VN PERMITS E	BEFORE WORK S	TARTS			
BUILDER: (IF NOT OWNER)				PLUI	MBING:							
ELECTRICAL:				MEC	HANICAL:							
				WILC	11/11/10/12.							
UTILITY INFORMATION	N											
NEW CONSTRUCTION						_						
TYPE OF WATER METER:	□ NEW	□ EXISTING	☐ WELL (REQUIRES PE		OF WATER METER	_		□ 1½" □ 650	□ 2"	□ N/A		
TYPE OF NATURAL GAS UTILITY SERVICE	□ NEW	□ EXISTING		SIZE	OF GAS METER (C	CFH):	250 🗖 425	□ 650	□ OTHER	□ N/A		
TUTTLE WATER	□ WELL	☐ RURAL WATER	#6 □ FXISTING	TIN	HORN		☐ YES	5 □ NO	REQUIRES	PERMIT		
□ OEC	□ PSO	☐ TUTTLE GAS	□ PROPANE		SPRINKLER/SUPP	RESSION SYSTI						
☐ TUTTLE SEWER	☐ AEROBIC	☐ LATERAL LINES		STC	RM SHELTER/SAFE	ROOM?	☐ YES	B □ NO	REQUIRES	PERMIT		
SUBMITTAL INFORMATION	N											
RESIDENTIAL APPLICAT	IONS REQUIRE O	NE FULL SET OF PLAI	NS DRAWN TO SCALE	AND 1 PDF	SET (USB, CD OR E	EMAILED).						
TO PROCESS YOUR PER	RMIT APPLICATION	N IN A TIMELY MANNEI	R, IT IS ESSENTIAL TO I	PROVIDE <u>CO</u>	OMPLETE AND ACC	CURATE INFO	RMATION. PRO	CESSED IN 5 BUS	SINESS DAYS.			
USE THE CHECKLIST BE	LOW TO VERIFY	ALL PLAN REQUIREM	ENTS AND DOCUMENT	S ARE INCL	UDED WITH YOUR	APPLICATION	l.					
ALL DOCUMENTS INDICATION	ATED MUST BE S	UBMITTED FOR AN AF	PLICATION TO BE ACC	EPTED AND	SUBSEQUENTLY	REVIEWED. IN	ICOMPLETE AF	PPLICATIONS WIL	L NOT BE PRO	CESSED.		
PLAN INFORMATION	OT SIZE LOCATIO	NI OF WATER SERVICE	AND STRUCTURES	FN	CINEERED FOOTING	C DESIGN						
PROJECT ADDRESS PROJECT ADDRESS					PROJECTADDRESS	G DESIGN						
 LOCATION & DIMENSIONS (IN FEET) OF ALL PROPERTY, RIGHT-OF WAY LINES, PUBLIC & PRIVATE EASEMENT NO LARGER THAN 11 X 17 – NO EXCEPTIONS 					ENGINEERSTAMP NO LARGER THAN 11 X 17 – NO EXCEPTIONS							
FLOOR PLAN - ALL ROOMS, DOOR SWINGS, WINDOWS, EXISTING WALLS, PROPOSED WALLS, ELECTRICAL, PLUMBING, MECHANICAL				I	ELEVATION AND DESCRIPTION VIEW OF STRUCTURE & COMPOSITION OF MATERIALS							
CONTRACTOR INFORMATION COMPANY AND PHONE NUMBER (ABOVE) MUST BE LICENSED WITH THE CITY OF TUTTLE				DEC .	DEQ FORM FOR SEPTIC OR AEROBIC SYSTEM (IF APPLICABLE) MUST PROVIDE SIGNED DEQ FORM 641-581SP							
INSPECTIONS: TO BE CALLED IN BY EACH TRADE – 2 BUSINESS DAYS IN ADVANCE					OTHER PERMITS REQUIRED TINHORN/DRIVEWAY, SHOP, STORM SHELTER, POOL							
PLAN REVIEW CHECKLIST	S		PLOT PLAN	FLOOR PLA	N FOOTING	ELEVATION	DESCRIPTIO	N DEQ FORM	OTHERS			
NEW CONSTRUCTION												
REMODEL/ALTERATION PLANS – NO LARGER THAN 11	X 17 – NO EXCEPTION	ONS			N/A	N/A	N/A	N/A				
REMODEL/ADDITION PLANS – NO LARGER THAN 11	X 17 – NO EXCEPTION	ONS				_		-				

_DATE: _

DATE RECEIVED:

APPLICANT SIGNATURE: