



# CITY OF CEDAR HILLS BUILDING PERMIT APPLICATION

Application Date: _____	Issue Date: _____ Issued By: _____	Building Permit # _____
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**To Be Filled In By Applicant — Please Print Legibly**

JOB SITE ADDRESS	Lot #	Subdivision	
	Serial #		
Owner		Phone #	
		Email:	
Owner Mailing Address	City		Zip
Contractor	Address	Phone #	
		Email:	
Architect/Engineer	Address	Phone #	
		Email:	

Existing Use of Parcel		Intended Use of Parcel			
<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential:	<input type="checkbox"/> Commercial		
<input type="checkbox"/> Residential:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Single Family	<input type="checkbox"/> Industrial		
<input type="checkbox"/> Single Family	<input type="checkbox"/> Other	<input type="checkbox"/> Duplex	<input type="checkbox"/> Other/Type		
<input type="checkbox"/> Duplex	<input type="checkbox"/> Vacant	<input type="checkbox"/> Multiple Units			
<input type="checkbox"/> Multiple Units	<input type="checkbox"/> Agriculture				
<b>Gross Sq. Footage</b>	Owner-occupied ?	Occupant Load	# Dwelling Units	# Stories	# Bedrooms

**APPLICANT PLEASE READ CAREFULLY**

I agree to comply with all City, County, and State Building Laws and Ordinances, and I affirm that the representations in this application for a building permit are true and accurate, and any misrepresentations or errors herein are the sole responsibility of the applicant, and shall in no way incur or accrue liability or obligation to enforcing officers or agents.

This permit becomes null and void if work on 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.

I AM AWARE THAT ANY/ALL PLAN CHANGES ARE REQUIRED TO BE SUBMITTED TO THE BUILDING DEPARTMENT FOR REVIEW/APPROVAL.

OCCUPANCY OF STRUCTURE IS PROHIBITED UNTIL AFTER FINAL INSPECTION AND OCCUPANCY COMPLIANCE CERTIFICATE IS ISSUED.

I HAVE/WILL CONFIRM THE SEWER DEPTH ON THE ABOVE LOT AND WILL TAKE ALL RESPONSIBILITY FOR SETTING THE BUILDING ACCORDINGLY.

Owner's Signature \_\_\_\_\_

Contractor's Signature \_\_\_\_\_ License No. \_\_\_\_\_

Plan Review Comments:

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FOR DEPARTMENT USE ONLY	
APPROVED BY:	
Plan Review	_____
Bld. Official	_____
<b>FLOORS</b>	<b>SQ. FT.</b>
<b>GARAGE</b>	
<b>Total Valuation \$</b> _____	
Bldg Permit Fee	_____
Plan Check Fee	_____
1% State Fee	_____
Mechanical Fee	_____
Electrical Fee	_____
Plumbing Fee	_____
Gas Fee	_____
General Inspect.	_____
Sewer Inspection	_____
Water Inspection	_____
Elect./Temp Pwr	_____
Elect./Perm Pwr	_____
Constr. Water	_____
Water Meter	_____
Improvement Bond	_____
Permit Renewal	_____
<b>Plan Chk Deposit</b>	( _____ )
<b>TOTAL \$</b>	_____
<b>IMPACT FEES</b>	
Parks	_____
Culinary Water	_____
Public Safety	_____
Waste Water TSSD	_____
Waste Water (CH)	_____
Transportation	_____
Pressurized Irrigation	_____
Other	_____
<b>TOTAL \$</b>	_____
<b>Fee In Lieu \$</b>	_____
(Pro-Rated Property Tax)	
<b>TOTAL DUE</b>	
\$ _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____