



BUILDING PERMIT APPLICATION

PERMIT NUMBER _____
OCCUPANCY NUMBER _____

PLEASE NOTE - COMPLETE ALL ITEMS - MARK BOXES WHERE APPLICABLE

I LOCATION OF BUILDING	STREET NUMBER AND NAME _____	SUBDIVISION OR SURVEY _____	LOT _____	BLOCK _____	CENSUS TRACT _____
	FLOOD ZONE _____	E. ZONING _____ TIME TO COMPLETE _____ DAYS			
	BASE FLOOD ELE. _____	FIRE ZONE _____			
	1ST FLOOR ELE. _____	PLANS _____			

II TYPE AND COST OF BUILDING	A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> NEW BUILDING 2 <input type="checkbox"/> ALTERATION 3 <input type="checkbox"/> REPAIR, Replacement 4 <input type="checkbox"/> MOVING (relocation) 5 <input type="checkbox"/> FOUNDATION ONLY	DESCRIPTION OF REPAIRS: _____ _____ _____
	B. OWNERSHIP 1 <input type="checkbox"/> PRIVATE (Individual, corporation, non profit institution, etc.) 2 <input type="checkbox"/> PUBLIC (Federal, state, or local government)	
	C. COST \$ _____	
	D. FEE _____	
	Sq. Ft. { Main Bldg. _____ Accs. Bldg. _____	

III BUILDING SPECS.	F. PRINCIPAL TYPE OF FRAME <input type="checkbox"/> MASONRY (wall bearing) <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> STRUCTURAL STEEL <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER - SPECIFY _____	H. TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC OR PRIVATE CO. <input type="checkbox"/> INDIVIDUAL (Septic tank, etc.)	K. DIMENSIONS Number of Stories _____ TOTAL SQUARE FEET OF FLOOR AREA, ALL FLOORS BASED ON EXTERIOR DIMENSIONS _____ TOTAL LAND AREA SQ. FT. _____
	New Bldg. and Additions - Fill Out Parts F. - M.	I. TYPE OF WATER SUPPLY <input type="checkbox"/> PUBLIC OR PRIVATE CO. <input type="checkbox"/> INDIVIDUAL (well, cistern)	L. No. OFF-STREET PARKING SPACES _____ ENCLOSED _____ OUTDOORS _____
	Wrecking - Fill Out Part K Only	G. Principal Type of Heating Fuel <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COAL <input type="checkbox"/> OTHER _____	M. RESIDENTIAL BLDG. ONLY No. of Bedrooms _____ No. of Bathrooms _____ Full _____ Partial _____
	All Others Skip to IV	J. ADDITIONAL INFO RESIDENTIAL TAX ABATEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO WILL THERE BE AN ELEVATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	

IV IDENTIFICATION	1. OWNER	NAME _____	MAILING ADDRESS _____	PHONE _____
	2. CONT.	_____	_____	_____
	3. Architect	_____	_____	_____
	The Owner Of This Building And the Undersigned Agree To Conform To All Applicable Laws Of The City Of Sherman			

SIGNATURE OF APPLICANT

ADDRESS

DATE

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

APPROVED _____ 20____ DENIED _____ 20____