

City of Heidelberg

BUILDING PERMIT APPLICATION

Date Received: _____ Received By: _____ Permit # _____

APPLICANT COMPLETE INFORMATION BELOW

Project Address: _____ PID # _____
Property Owner: _____ Phone _____
Address: _____ City: _____ Zip: _____
General Contractor: _____ License #: _____ Phone: _____
Plumbing Contractor: _____ License #: _____ Phone: _____
Mechanical Contractor: _____ Phone: _____

Nature of Project: Dwelling _____ Private Garage _____ Deck _____ Home Addition _____
Finish Basement _____ Three Season Porch _____ Business/Commercial _____ Fireplace _____
Siding _____ Furnace _____ Water Heater _____ Other _____
Description of Project: _____

Estimated Value: _____ Lot Size/Dimensions: _____

This permit becomes null and void if work or construction authorized is not completed within 180 days (project value under \$100,00) or 270 days (project value over \$100,000), or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Name [please print]: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____ Date: _____

CITY USE ONLY

Use and occupancy: _____ Type of Construction: _____
PLANNING: Zoning District: _____ Minimum Setbacks Required: Front _____
Side _____ Rear _____ Road Right of Way _____ Other: _____

Reviewed By: _____ Date: _____
Subject to the following conditions: _____

BUILDING: Reviewed By: _____ Date: _____
Subject to the following conditions: _____

FEES

Building Permit: _____ Plan Review: _____ State Surcharge: _____
Plumbing Permit: _____ Plan Review: _____ State Surcharge: _____
Mechanical Permit: _____ Plan Review: _____ State Surcharge: _____
Other: _____
Sub Totals: _____
TOTAL DUE: _____
Date Issued: _____ Issued By: _____ Receipt # _____