

TAX PARCEL NO. _____ PERMIT NO. _____ DATE: _____, 2022

CITY OF GLUCKSTADT
APPLICATION FOR BUILDING PERMIT

Type of Permit:

- | | |
|--|--|
| <input type="checkbox"/> A. Erection or Construction | <input type="checkbox"/> D. Moving |
| <input type="checkbox"/> B. Repair or Alteration | <input type="checkbox"/> E. Demolition or Razing |
| <input type="checkbox"/> C. Excavation or Site Work | |

Type of Structure:

- | | |
|--|--|
| <u>New Residential Housekeeping Buildings</u> | <input type="checkbox"/> 324 Offices, banks, and professional |
| <input type="checkbox"/> 101 Single-family house, detached | <input type="checkbox"/> 325 Public works and utilities |
| <input type="checkbox"/> 102 Single-family house, attached | <input type="checkbox"/> 326 Schools and other educational |
| <input type="checkbox"/> 103 Two-family building | <input type="checkbox"/> 327 Stores and customer services |
| <input type="checkbox"/> 104 Three- and four-family building | <input type="checkbox"/> 328 Other non-residential buildings |
| <input type="checkbox"/> 105 Five-or-more family building | <input type="checkbox"/> 329 Structures other than buildings |
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 |
| <u>New Residential Non-housekeeping Buildings</u> | <u>Additions, Alterations, and Conversions</u> |
| <input type="checkbox"/> 213 Hotels, motels, and tourist cabins | <input type="checkbox"/> 434 Residential (except garages/carports) |
| <input type="checkbox"/> 214 Other non-housekeeping shelter | <input type="checkbox"/> 437 Non-residential and non-housekeeping |
|
 | <input type="checkbox"/> 438 Additions of garages and carports |
| <u>New Non-residential Buildings</u> | <u>Demolitions and Razing of Buildings</u> |
| <input type="checkbox"/> 318 Amusement, social, and recreational | <input type="checkbox"/> 645 Single family houses (attach/detach) |
| <input type="checkbox"/> 319 Churches and other religious | <input type="checkbox"/> 646 Two-family buildings |
| <input type="checkbox"/> 320 Industrial | <input type="checkbox"/> 647 Three- and four-family buildings |
| <input type="checkbox"/> 321 Parking garages | <input type="checkbox"/> 648 Five-or-more family buildings |
| <input type="checkbox"/> 322 Service stations and repair garages | <input type="checkbox"/> 649 All other buildings and structures |
| <input type="checkbox"/> 323 Hospitals and institutional | |

Location:

Street Address _____
 Lot No. _____ Block _____ Subdivision _____
 Square Footage of Building _____ Current Zoning _____
 Number of Residential Units _____
 Square Footage for Plan Review _____
 Cost of Construction \$ _____
 If Commercial: MPC No. _____

Location in Flood Zones:

- A. Inside 100 year floodplain
- Flood Insurance Rate Map Panel Number _____
 Base Flood Elevation _____ Lowest Floor Elevation _____
- FLOOD ELEVATION CERTIFICATE REQUIRED** _____
- B. Outside 100 year floodplain

OWNER'S NAME AND ADDRESS:

**CONTRACTOR'S
COMPANY NAME AND ADDRESS:**

_____ _____ _____ Phone No. _____	_____ _____ _____ Phone No. _____
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SUBCONTRACTOR'S COMPANY NAME AND SIGNATURE:

PHONE NO.

Electrical _____	_____
Plumbing _____	_____
Mechanical _____	_____

I hereby certify that I am the owner, or the owner's agent for the purpose of applying for this permit, and the information set forth above is true and correct and the same may be utilized for all purposes, including tax assessment and levy. I understate that the building permit issued pursuant to this application is valid for six months after date of issuance.

Signature – Owner, Contractor, or Agent

APPROVAL OF PERMIT

Printed or typed name of person signing

Date