

City of Casper

BUILDING PERMIT APPLICATION

Applicant to complete numbered spaces only.

JOB ADDRESS					
1	LEGAL DESCR.	LOT NO.	BLK	ADDITION <small>(☐ SEE ATTACHED SHEET)</small>	
2	OWNER	MAIL ADDRESS, CITY, STATE, ZIP		PHONE CELL	
3	CONTRACTOR	MAIL ADDRESS, CITY, STATE, ZIP		PHONE CELL LICENSE NO.	
4	ARCHITECT OR ENGINEER	MAIL ADDRESS		PHONE LICENSE NO.	
5	USE OF BUILDING				
6	Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> REMODEL				
7	Describe work:				
8	Valuation of work: \$				
SPECIAL CONDITIONS:		PLAN CHECK FEE		PERMIT FEE	
		Type of Const.	Occupancy Group	Division	
		Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load	
APPLICATION ACCEPTED BY		PLANS CHECKED BY		APPROVED FOR ISSUANCE BY	
<p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>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.</p>		Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No			
		No. of Dwelling Units			
		Special Approvals	Required	Received	Not Required
		ZONING			
		SOIL REPORT			
		OTHER (Specify)			
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		DATE			
SIGNATURE OF OWNER (IF OWNER BUILDER)		DATE			

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT