

INCORPORATED VILLAGE OF ROCKVILLE CENTRE BUILDING DEPARTMENT
BUILDING PERMIT APPLICATION ENTRY FORM

DATE: _____

TO BE COMPLETED BY APPLICANT

OWNER EMAIL ADDRESS _____ OWNER EMERGENCY CONTACT # _____

LOCATION ST #: _____ STREET NAME: _____ ZONE _____

SEC: _____ BLOCK: _____ LOTS: _____ - _____ - _____ - _____ - _____ - _____ - _____

APPLICANT: _____ CITY: _____ STATE: _____ ZIP: _____

OWNER NAME: _____ PHONE: () _____ - _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RVC ELECT. NAME: _____ LIC# _____ RVC PLMR. NAME: _____ LIC # _____

GEN. CONTRACTOR: _____ H I L #: _____ EXP: _____

CONTACT NAME: _____ CONTACT PHONE: () _____ - _____

ST ADDR: _____ CITY: _____ STATE: _____ ZIP: _____

ARCHITECT/ ENGINEER: _____ PHONE: () _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

<u>FOR OFFICE USE ONLY:</u>		TYPE OF IMP: Repair _____ Imp _____	REVIEW DATE: _____	ISSUE DATE: _____
USE: _____	OCC. USE: _____	C/O _____	L/C _____	SHORING / FENCING REQ: YES ___ NO ___
EST. COST: _____	PERMIT FEE: _____			FINAL SURVEY REQ: YES ___ NO ___
ADD'SQ.FT. _____ X _____ = _____ @ _____ %				FOUNDATION SURVEY REQ: YES ___ NO ___
PROJECT: _____				PORTABLE FACILITY REQ: YES ___ NO ___
_____				PLUMBING PERMIT REQUIRED YES ___ NO ___
_____				SIDEWALK BRIDGE/SCAFFOLDING YES ___ NO ___
				ENGINEERED LUMBER/TRUSS YES ___ NO ___
REVIEWED BY: _____	APPROVED BY: _____	ASSIGNED INSPECTOR # _____		