

PERMIT #

**INGLESIDE ON THE BAY
APPLICATION FOR BUILDING PERMIT**

JOB ADDRESS _____

BLOCK NUMBER _____ LOT NUMBER(S) _____ FLOOD ZONE YES NO

OWNER _____ MAILING ADDRESS _____

PHONE _____ EMAIL _____

CONTRACTOR _____ MAILING ADDRESS _____

PHONE _____ EMAIL _____

CLASS OF WORK: () NEW () ALTERATION () REPAIRS () MOVE () REMOVE () DEMOLITION () RE-ROOF

DESCRIBE WORK: _____

LOT DIMENSIONS _____ SET BACK: FRONT _____ SIDE _____ / _____ BACK _____

TOTAL SQUARE FEET _____

SPECIAL CONDITIONS: _____

VALUATION OF WORK \$ _____ ZONING CLASSIFICATION: _____

NOTICE

CONSTRUCTION MUST MEET ALL **FEMA , WINDSTORM & INTERNATIONAL RESIDENTIAL CODE REQUIREMENTS. AND WINDSTORM REQUIREMENTS.**
SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR COND. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER IT IS COMMENCED; OR IF UNAUTHORIZED VARIATIONS FROM THE APPROVED CONSTRUCTION PLANS ARE MADE.

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 FEDERAL, STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

DATE SUBMITTED: _____

Building Inspector Approval: _____

Date B/I Approval: _____

Permit Issues By: _____

DATE PERMIT ISSUED:

SIGNATURE OF OWNER OR CONTRACTOR /AUTHORIZED AGENT

*****OFFICE USE ONLY*****
FEE TOTAL CHECK # CASH: ONLINE TRANSACTION: 8-2023

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