

# CITY OF LORIS

## PERMIT APPLICATION

(Must be fully completed in ink)

FLOOD ZONE \_\_\_\_\_  
2<sup>ND</sup> SFHA \_\_\_\_\_  
BFE \_\_\_\_\_  
PANEL# \_\_\_\_\_  
ECERT REQ \_\_\_\_\_  
APPROVED \_\_\_\_\_

Permit No.: \_\_\_\_\_

SUBMITTED \_\_\_\_\_  
FEES PD \$ \_\_\_\_\_  
P/R \_\_\_\_\_  
CLERK \_\_\_\_\_  
REF \_\_\_\_\_  
APPD \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
Name of OWNER (as listed on Tax Books) Telephone \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Site Address Subdivision Lot#

\_\_\_\_\_  
Project Name Bldg. # of Units Occupant Load

Type of Work: New Addition Alter Repair Move Demolish Other \_\_\_\_\_

Use of Improvement: Single Family Mobile Home Duplex Apartment Commercial Institutional Utility

Warehouse Manufacturing Condo Industrial Farm Building Sign Other: \_\_\_\_\_

Type of Construction: Metal Wood Steel Concrete Other: \_\_\_\_\_

Exterior: Brick Conc. Block Stone Brick Veneer Stucco Metal Wood Glass Vinyl Other \_\_\_\_\_

# of Stories \_\_\_\_\_ # of Beds \_\_\_\_\_ # of Baths \_\_\_\_\_ # of Half-Baths \_\_\_\_\_ Total # Rooms \_\_\_\_\_

Type of Heating: Central Air Cond. Heat Pump Other \_\_\_\_\_ Sprinkler Req.: Yes No

Type of Fuel: Oil Gas Electricity Wood Other \_\_\_\_\_

Unheated Areas: Garage Carport Porches Decks Masonry Fireplaces # \_\_\_\_\_

Total No. of Square Feet: \_\_\_\_\_ Heated Space: \_\_\_\_\_ Unheated: \_\_\_\_\_

Description: \_\_\_\_\_

Project Cost (FMV)	\$ _____	<b>Zoning Inspection</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit No.	_____
Building Plan Review	\$ _____		MH Sticker No.	_____
Building Permit Fee	\$ _____	<i>*OFFICE USE ONLY*</i> <input type="checkbox"/> 0.5% [SFD only] <input type="checkbox"/> 1% [Multi & Non-Res]	HC Pd Tax/Reg#	_____
Zoning Fees	\$ _____		Plan / Bin No.	_____
Fire Impact Fee	\$ _____		App Code	_____
_____	\$ _____		City Bus Lic #	_____
<b>TOTAL FEES DUE</b>	\$ _____			

Contractor or Builder: \_\_\_\_\_ Tele #: \_\_\_\_\_ State Lic. #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Architect or Engineer: \_\_\_\_\_ Tele #: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Est. Date of Completion Parcel ID # Tax District # Zone Verified By

**THIS PERMIT MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF ANY REGULATION IN EFFECT BY ORDINANCE OR OTHERWISE; BUILDING PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE.**

Issued By \_\_\_\_\_

Signature \_\_\_\_\_  
Owner Contractor Agent

Date \_\_\_\_\_

Print Name \_\_\_\_\_

SCOPE OF WORK FOR: ALTERATIONS / REPAIRS / ADDITIONS

COMMERCIAL

RESIDENTIAL

SITE LOCATION \_\_\_\_\_

PLEASE DESCRIBE IN DETAIL EXACTLY WHAT YOU ARE DOING:

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\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

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REVIEWER'S COMMENTS:

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\_\_\_\_\_  
REVIEWER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERMIT#