

***EPCI***  
**SPRINGFIELD BUILDING DEPARTMENT**

**APPLICATION FOR BUILDING PERMIT**

DATE: \_\_\_\_\_ **FBC #** \_\_\_\_\_ **Permit Fee** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_ PHONE # \_\_\_\_\_

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_ PHONE # \_\_\_\_\_

**CONTRACTOR'S NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_ PHONE # \_\_\_\_\_

STATE LICENSE NUMBER: \_\_\_\_\_ COMPETENCY CARD # \_\_\_\_\_

**ADDRESS OF PROJECT:** \_\_\_\_\_

PROPOSED USE OF SITE: \_\_\_\_\_

WILL THE STRUCTURE BE LOCATED AT LEAST 30 FEET FROM ANY BODY OF WATER?  
\_\_\_ YES \_\_\_ NO

PROPERTY PARCEL ID # \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_

**IF THE APPLICATION IS FOR A COMMERCIAL PROJECT PLEASE LIST THE NAME OF THE BUSINESS:**

BONDING COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE & ZIP: \_\_\_\_\_

ARCHITECT'S/ENGINEER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE & ZIP: \_\_\_\_\_

MORTGAGE LENDER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE & ZIP: \_\_\_\_\_

WATER SYSTEM PROVIDER: \_\_\_\_\_ SEWER SYSTEM PROVIDER: \_\_\_\_\_

PRIVATE WATER WELL: \_\_\_\_\_ SEPTIC TANK PERMIT NUMBER: \_\_\_\_\_

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Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that NO WORK or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a

separate permit must be secured for electrical work, plumbing, signs, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc.

**PURPOSE OF BUILDING:**

\_\_\_ Single Family      \_\_\_ Townhouse      \_\_\_ Commercial      \_\_\_ Industrial  
\_\_\_ Duplex      \_\_\_ Swimming Pool      \_\_\_ Storage      \_\_\_ Sign  
\_\_\_ Multi-Family      \_\_\_ Demolition      \_\_\_ Other  
\_\_\_ Addition, Alteration or Renovation to building. \_\_\_\_\_

Distance from property lines: Front \_\_\_\_\_ Rear \_\_\_\_\_ L. Side \_\_\_\_\_  
R. Side \_\_\_\_\_  
Cost of Construction \$ \_\_\_\_\_ Square Footage \_\_\_\_\_  
EPI \_\_\_\_\_ Flood Zone \_\_\_\_\_ Lowest Floor Elevation \_\_\_\_\_  
Area Heated/Cooled \_\_\_\_\_ # Of Stories \_\_\_\_\_ # Of Units \_\_\_\_\_  
Type of Roof \_\_\_\_\_ Type of Walls \_\_\_\_\_ Type of Floor \_\_\_\_\_  
Extreme Dimensions of: Length \_\_\_\_\_ Height \_\_\_\_\_ Width \_\_\_\_\_

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**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. For improvements to real property with a construction cost of \$2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to this Department when application is made for a permit or the applicant may submit a copy of the Notice of Commencement along with an affidavit attesting to its recording. A certified copy of the Notice of Commencement must be provided to this Department before the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, facsimile or hand delivery.**

**NOTICE: EPCI:** The Springfield Building Department does not have the authority to enforce DEED RESTRICTIONS or COVENANTS on properties.

**OWNER'S AFFIDAVIT:** I herby certify that the information contained in this application is true and correct to the best of my knowledge. And that all work will be done in compliance with all applicable laws regulating construction and zoning.

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management district, state agencies, or federal agencies.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Signature of Contractor

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary as to Owner or Agent

\_\_\_\_\_  
Notary as to Contractor

My Commission expires: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**APPLICATION APPROVED BY: \_\_\_\_\_ BUILDING OFFICIAL.**

