

CITY OF WESTPORT • BUILDING PERMIT APPLICATION

Owner's Name			
Address			
City	Zip	Phone	
Site Address			
Architect's Name			
Address			
City	Zip	Phone	
Lending Agency			
Address			
City	Zip	Phone	
Contact Person			
Contractor's Name			
Address			
City	Zip	Phone	
Labor & Industries License/Exp. Date		City License	
Legal Description (For New Construction Only)			
Type of Permit			
<input type="checkbox"/> Residential		<input type="checkbox"/> Non-Residential	
<input type="checkbox"/> New	<input type="checkbox"/> Add	<input type="checkbox"/> Demo	<input type="checkbox"/> Alter
<input type="checkbox"/> Repair			
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	
<input type="checkbox"/> Sign	<input type="checkbox"/> Other		
Occupancy Use			
<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Office	
<input type="checkbox"/> Retail	<input type="checkbox"/> Church	<input type="checkbox"/> Restaurant	
<input type="checkbox"/> School	<input type="checkbox"/> Storage	<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Other (Describe)			
Description of Work			
<p>By affixing my signature hereto, I certify that I am the owner, or am acting as the Owner's authorized agent, and that the application and documents contained with this submittal are complete and accurate to the best of my knowledge and abilities.</p>			
Signature of Owner/Agent			Date
Project Contact		Phone Number	
FOLLOWING FOR DEPARTMENT USE ONLY			
Street Setback	Side Yard	Side Yard	Rear Yard Setback
Use Zone	Occupancy Group	Type of Construction	
Vacant Site		Dwelling Units	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
SFHA Designation		Stories	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Square Footage		Plan Checker	
Conditions/Comments			
Approved for Issuance		Date	By
Fire			
Zoning			
Streets			
Water			
Sewer			
Building			
DNS/CUP/VAR/SUP/MISC NO:			

PLUMBING		
No.	Type of Fixture	Fee
	Water Closet	
	Bathtub	
	Lavatory	
	Shower	
	Kitchen Sink	
	Dishwasher	
	Laundry Tray	
	Clothes Washer	
	Water Heater	
	Urinal/Bidet	
	Drinking Fountain	
	Floor Sink or Drain	
	Slop Sink	
	Grease Trap/Interceptor	
	Water Piping	
	Permit	20 00
	Total Fees	
MECHANICAL		
<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other		
No.	Type of Equipment	Fee
	Air Conditioner	
	Refrigeration Unit <i>HP</i>	
	Boiler <i>HP</i>	
	Forced Air System <small>under 100,000 BTU</small>	
	Forced Air System <small>over 100,000 BTU</small>	
	Floor Furnace	
	Wall Heater	
	Unit Heater	
	Clothes Dryer	
	Ventilation Fan	
	Range Hood	
	Air Handling Unit <i>CFM</i>	
	Stove/Fireplace/Insert	
	Gas Hot Water Tank (Retrofit)	
	Gas Piping	
	Permit	23 50
	Total Fees	
FEES		Date Paid
Building Permit Fees		
Plan Review Fees		
Plumbing Permit Fees		
Mechanical Permit Fees		
Sign Permit Fees		
State Surcharge		
Land Use		
TOTAL FEES		
Fees Based on \$ _____ Value		
<input type="checkbox"/> Calculated Using Square Footage		
<input type="checkbox"/> Contractor's Bid		
<input type="checkbox"/> Architect's Estimate		
<input type="checkbox"/> Provided By Owner		