To Be Completed by City of Arcade Plannin Setbacks: Front Side Rear Ap	annorrad han
Zoning: Is:	suance Date:
Zoning: Iss Impact Fees (\$1293.75) required (residential uses only))?: Yes** No **Date Paid:
COMMERCIAL BUILDING	
City of A **MUST BE FILLED OUT COMPLETELY AND ALL REQUIRED SU	reada
Development Permit #:	
Property/Site Address:	City
Subdivision and Lot:	Offy.
Tax Map / Parcel:Estim	nated Construction Valuation: \$
Property Owner Name:	Contact Number
Owner Address.	City: 7in.
Applicant Name:	Contact Number:
Applicant Name: Applicant Address: General Contractor Name:	City: Zip:
General Contractor Name:	Contact Number:
General Contractor Name: Contractor Address: Contractor Business License Numbers	City: Zip:
Contractor Business Dicense Tulling!	Exhibition Date
Contract traine.	Contact Number
Son Eiosion Contact Name;	Contact Number
Dicturcal Contractor:	Contact Missack and
Electrical Flovider: Gapower Jackson EMC Size of Ser	vice Panel· # of Danala
Plumbing Contractor: # roof/floor drains:	Contact Number:
Mechanical Contractor:	
Mechanical Contractor: Served by: Gas Electric Combination # tons (electric):	Contact Number:
Served by: Gas Electric Combination # tons (electric):	# BTU's:
Description of work:	
Occupancy Type: A B E F H I M R S U Other	Type of Construction:
# 01 Stories: I otal Square Footage (per occupa	incv tyne):
15 there a sprinkler system?: Yes** No **Provide stamp	ned engineered plans
Driveway Permit number:	
Driveway Permit number:	
Are there any FEMA Flood Hazard Zones on the proper	ty? Yes No
Is the project site within 200 feet of State Waters? Yes N	No.
Is the project in a Historical District? Yes No **If so pro	ovide copy of Certificate of Appropriateness.
. I hereby make application for a building permit to perform work as comply with all applicable and pertinent governing regulations and submitted. I understand failure to comply with these regulations co	dordinances pertaining to and in accordance with an al-
Applicant:	Doto

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