



**BUILDING PERMITS & INSPECTION SECTION
APPLICATION FOR PERMIT & PLAN REVIEW**

IMPORTANT: Applicant must complete all items in sections I, II, III, IV.

Application Number: _____

Permit Number: _____

Application Number: _____

Permit Number: _____

I. LOCATION OF BUILDING

Location _____ (No.) _____ (Street) _____ Zoning District _____
 Between _____ (Cross Street) _____ and _____ (Cross Street) _____
 Subdivision _____ Lot # _____ Block _____ Lot Size _____

II. TYPE AND COST OF BUILDING

A. Type of Building

<input type="checkbox"/> New Building	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Repair	Dimension of Building _____
<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Other _____	<input type="checkbox"/> Demolished	
<input type="checkbox"/> Shell Only	<input type="checkbox"/> Add	<input type="checkbox"/> Reconstructed	
<input type="checkbox"/> Fence Wall	<input type="checkbox"/> Alter	<input type="checkbox"/> Relocated	

B. Ownership

Private (individual, corporation, non-profit institution, etc.) Public (Federal, State, or Local Government)

C. COST

Cost of improvements _____
 electrical _____
 plumbing _____
 heating, air conditioning _____
 other (elevator, etc.) _____

Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

TOTAL COST OF IMPROVEMENT \$ _____

D. PROPOSED USE - (For "Wrecking" most recent use)

<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential	<input type="checkbox"/> Office, bank, professional
<input type="checkbox"/> One family	<input type="checkbox"/> Amusement, Recreational	<input type="checkbox"/> Public utility
<input type="checkbox"/> Two or more families	<input type="checkbox"/> Church, other religious	<input type="checkbox"/> School, library, other educational
Enter No. of Units ← _____	<input type="checkbox"/> Industrial	<input type="checkbox"/> Stores, mercantile
<input type="checkbox"/> Transient hotel, motel, or dormitory	<input type="checkbox"/> Parking garage	<input type="checkbox"/> Tanks, towers
Enter No. of Units ← _____	<input type="checkbox"/> Service station, repair garage	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> Hospital, institutional	

III. SELECTED CHARACTERISTICS OF BUILDING

for new buildings and additions, complete Parts E - K, for wrecking, complete only Part I, for all others skip to IV.

E. Principal Type of Frame	F. Type of Sewage Disposal	G. Type of Mechanical
<input type="checkbox"/> Masonry (wall bearing)	<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No Central Air Conditioning
<input type="checkbox"/> Wood frame	<input type="checkbox"/> Private (septic tank, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator?
<input type="checkbox"/> Structural steel		
H. Type of Water Supply	J. Number of Off-street Parking Spaces	K. Residential Buildings Only
<input type="checkbox"/> Public Supply	Enclosed _____	Number of bedrooms _____
<input type="checkbox"/> Private (well, cistern)	Outdoors _____	Number of Bathrooms } Full _____
		Partial _____
I. Dimensions		
<input type="checkbox"/> Number of stories _____		

IV. IDENTIFICATION

	Print Name/ Signature	Mailing Address - Number, street, city, and state	ZIP Code	Telephone
1. Owner or Lessee	_____	_____	_____	_____
2. Contractor	_____	_____	_____	_____
	License # _____			
3. Architect or Engineer	_____	_____	_____	_____
SEAL NO.	_____			

Has the plan for project been approved by TLUC or TSPC? If so, attach copy of approval and conditions placed on project. The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction.

Owner/Lessee _____ Current Address _____ Application Date _____



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TO BE FILLED OUT BY BUILDING PERMIT STAFF ONLY

V. PLAN REVIEW RECORD

Plans Review Required	Date Plans Started	Date Plans Approved	Comments
Architectural			
Structural			
Mechanical/Plumbing			
Electrical			
<i>FLOOD CONTROL</i> Hydraulics/Civil			
<i>HPCC</i>			
Highway Encroachment			
Rights of Way			
Traffic Engineering			

VI. ZONING PLAN EXAMINATION RECORD TO BE DONE BY DLM

District _____

Use _____

Front Yard _____

Side Yard _____ Side Yard _____

Rear Yard _____

Ownership Of Property: _____
if not owner, is there a lease or authorization to the property? _____

Did this project receive TLUC approval? What are the conditions _____

VII COMMENTS BY OTHER AGENCIES (Route as indicated)

Agency	Date	Signature	Does your Agency recommend approval? If so, seal your response
Land Management, Zone			
Contractor's License Board			
Public Health			
E.P.A.			
Public Utility Agency			
Guam Power Authority			
Fire Prevention Bureau			
Guam Telephone Authority			
GHURA			

Permission is hereby given to the above work according to conditions hereon and according to approved plans and specifications pertaining thereto, subject to compliance with the Uniform Building Code and Government Code of Guam.

VIII. VALIDATION

Building Permit Number _____ Approved Valuation: _____

Building Permit Issued _____, 19 _____ Plan Checking fee _____ Rec'd _____

Approved By: _____ Building Permit fee _____

Title: _____ Date: _____ Total _____