



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

Application Number: _____

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

Permit Number: _____

I. LOCATION OF BUILDING

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

II. TYPE AND COST OF BUILDING

A. Type of Building Group Occupancy Type of Construction Foundation

New Building Retaining Wall Repair
 Foundation Only Other _____ Demolished
 Shell Only Add Reconstructed Dimension of Building
 Fence Wall Alter Relocated

B. Ownership

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

C. COST **SCOPE OF WORK**

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

TOTAL COST OF IMPROVEMENT \$ _____

D. PROPOSED USE

Residential One family Two or more families Transient hotel, motel, or dormitory

Enter No. of Units → _____

Garage Carport Other (specify) _____

Non-Residential Amusement, Recreational Church, other religious Industrial Parking garage Service station, repair garage Hospital, institutional

Office, bank, professional Public utility School, library, other educational Stores, mercantile Tanks, towers Other (specify) _____

III. SELECT CHARACTERISTICS OF BUILDING

E. Principal Type of Frame Masonry (wall bearing) Reinforced concrete Wood frame Structural steel Other (specify) _____

F. Type of Sewage Disposal Public Sewer Private (septic tank, etc.)

G. Type of Mechanical Yes No Central Air Conditioning Yes No Will there be an elevator?

H. Type of Water Supply Public Supply Private (well, cistern)

Total square feet of floor area, all floors, based on exterior dimensions _____

I. Dimensions Number of stories _____ Total land area, sq ft _____

J. Number of Parking Spaces Enclosed _____ Outdoors _____

K. Residential Buildings Only Number of bedrooms _____ Number of Bathrooms } Full _____ Partial _____

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.				

The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction

Owner/Lesor _____ Current Address _____ Application Date _____



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TO BE FILLED OUT BY BUILDING STAFF ONLY

V. PLAN REVIEW

Review Required	Date Plans Started	Date Plans Approved	Print Name	Comments
			Signature	
Architectural				
Structural				
Mechanical/Plumbing				
Flood Control				
Electrical				
HGCC				
Hydraulics/Civil				
Highway Encroachment				
Rights of Way				
Traffic Engineering				

VI. ZONING EXAMINATION 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	Print Name	Comments
		Signature	
Land Management, Zone			
Contractor's License Board			
Public Health			
E.P.A.			
GWA			
Guam Power Authority			
Fire Prevention Bureau			
Peals Board			
Parks & Rec.			
Dept. of Agriculture			

VIII. VALIDATION

Building Permit Number _____ Approved Valuation: _____

Building Permit Issued _____, 20 _____ Plan Checking Fee _____ Rec'd _____

Approved By: _____ Building Permit Fee _____

Title: _____ Date: _____ Total _____