



FOR STAFF USE ONLY
Permit #

Commercial Construction Permit Application

Permit Type (check one): New Building Addition Tenant Improvement Sign (s)
 Change of Occupancy Demolition Other (use description line below)

Site Address: _____ Parcel No.: _____ Project/Construction Value: _____

Applicant is (check one): Owner Contractor Architect Other:

Applicant Contact Name: _____ Phone#: _____ Email: _____

Legal Property Owner: _____ Phone #: _____

Mailing Address: _____ Email: _____

Contractor: _____ Phone#: _____

Mailing Address: _____ Email: _____

State Contractors License#: _____ City of Pasco Business License #: _____

Architect/Engineer: _____ Phone #: _____

Mailing Address: _____ Email: _____

Detailed Description of Work:

Whole Building Square Footage: _____ #of Stories: _____ Construction Type:
Sq.Ft. of area being Modified: _____ # of Units: _____ IA IB IIA IIB IIIA IIIB IV VA VB
Occupancy Type: _____

Select the dust control method that will be used. The approved methods of dust control are as follows:
 Hydro-seed Chemical/Physical Soil Binder Sprinklers Contract with _____ for water truck
Select the litter control measures that will be in place for the duration of construction:
 Onsite Container through _____ Contract with BDI Will provide own trailer/ haul daily as needed

I certify the information furnished by me is true and correct and that I am the owner of the subject property or I have been given express permission by the owner of the subject property, to submit this application for permit. I will comply with all provisions of law, code and ordinances governing this type of construction work, including state contractor registration laws. I understand that once accepted, this application is valid for 30 days. If the permit is not obtained within 30days, the permit application and all submitted building and site plans will be destroyed.

Applicant Name (please print) _____

Applicant Signature _____ Date _____



FOR STAFF USE ONLY
Permit #

Utility Service Application

Address or Parcel Number: _____

1) Is there an existing Service?

Yes No

a) If yes, are you requesting an additional Water Meter?

Yes No

Meter Size Requested: _____

2) What type of services are you requesting?

a) Water: Yes No /If yes, Meter Size Requested? _____

b) Sewer: Yes No

c) Irrigation: Yes No

3) Number of Water Meters requested? _____

4) Lot Square Footage: _____

5) Lot Front Footage: _____

I certify the information furnished by me is true and correct and that I am the owner of the subject property or I have been given express permission by the owner of the subject property, to submit this application for permit. I will comply with all provisions of law, code and ordinances governing this type of construction work, including state contractor registration laws. I understand that once accepted, this application is valid for 30 days. If the permit is not obtained within 30days, the permit application and all submitted building and site plans will be destroyed.

Applicant Name (please print) _____

Applicant Signature _____ Date _____