

PERMIT # \_\_\_\_\_

**CITY OF HARRAHAN COMMERCIAL WORK SHEET**

JOB ADDRESS \_\_\_\_\_ SUITE# \_\_\_\_\_ SQ. FT. \_\_\_\_\_

LOT: \_\_\_\_\_ SQUARE: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

AGENT: \_\_\_\_\_ PHONE # (\_\_\_\_) - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ PHONE # (\_\_\_\_) - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP \_\_\_\_\_

FAX # (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CIVIL ENGINEER: \_\_\_\_\_ PHONE # (\_\_\_\_) - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP \_\_\_\_\_

FAX # (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY DESIGN PROFESSIONAL**

PRINCIPAL INTENDED USE OF THIS BUILDING IS RESIDENTIAL ( ) BUSINESS ( )  
EDUCATIONAL ( ) FACTORY ( )

STORAGE ( ) INSTITUTIONAL ( ) ASSEMBLY ( ) HAZARDOUS ( ) MERCANTILE ( )

EST. VALUE: \$ \_\_\_\_\_

IS THIS BUILDING SPRINKLED? : YES ( ) NO ( ) WILL THIS BE A NON SMOKING  
BUILDING: YES ( ) No ( )

DESCRIPTION: \_\_\_\_\_

SUBMITTED: \_\_\_\_\_ SETS OF PLANS \_\_\_\_\_ PLOT PLANS \_\_\_\_\_ SURVEYS \_\_\_\_\_ SPECS \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

STATE LICENSE: \_\_\_\_\_ PHONE # ( ) - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ PHONE # ( ) - \_\_\_\_\_ DATE: \_\_\_\_\_

IF THE OWNER OR ARCHITECT WISHES, REVIEW COMMENTS CAN BE SENT VIA FAX OR E-MAIL.

FAX# ( ) \_\_\_\_\_ ATTN: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PLAN REVIEWER RECEIVING PLANS: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

PARKING SPACES REQUIRED: \_\_\_\_\_ EXISTING PARKING SPACES: \_\_\_\_\_

PLAN REVIEWER'S INTIALS: \_\_\_\_\_

# SPACES APPROVED BY SITE PLAN REVIEW: STANDARD \_\_\_\_\_ HANDICAP \_\_\_\_\_

COMPACT \_\_\_\_\_ TOTAL \_\_\_\_\_ PLAN REVIEWER: \_\_\_\_\_ DATE \_\_\_\_\_

ESTIMATED PERMIT FEE: \_\_\_\_\_ DATE PERMIT RECEIVED: \_\_\_\_\_

ADDITIONAL PERMIT FEE: \_\_\_\_\_

PERMIT NO.: \_\_\_\_\_ ISSUED: \_\_\_\_\_ BOX NO.: \_\_\_\_\_

ZONING: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_ LETTER WRITTEN \_\_\_\_\_

OCCUPANCY GROUP: \_\_\_\_\_ TYPE OF CONSTRUCTION: \_\_\_\_\_ FINISH: \_\_\_\_\_

ROOF: \_\_\_\_\_

MUNICIPAL NO #: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_

