



City of Aurora

BUILDING PERMIT APPLICATION

Date: _____

Address of Construction: _____

Owner/Occupant: _____ Phone: _____

Owner Mailing Address: _____

Contractor: _____

Scope of Work: _____

Applicant Name: _____

Applicant Phone Number: _____

Please check the appropriate box for the type of permit requested:

- Residential Commercial
- *New Construction *Remodel/Alterations *Demolition

* New Construction, Remodels and Demolitions must complete Application for Plan Examination and Building Permit.

- Driveway (Site plan for new construction)
- Electric Meter Loop
- Fence (Site plan for new construction)
- Lateral/Sewer Line
- Sidewalk (Site plan for new construction)
- Mobile Home Placement:Home Measurement: _____ Lot #: _____
- Roofing:Project valuation: _____ Sq. Ft. _____
- Signage:Project valuation: _____ Blueprint Required
- Street Cut: Full 1/2
- Other: _____

For Office Use Only:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
	Signature: _____		Date: _____

City of Aurora

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

➤ For New Buildings or Alterations - Complete All Sections

➤ For Demolitions - Complete Sections 1 - 4

Section 1: Location

Location of Building: _____
No. Street Name

Subdivision: _____ Lot: _____ Block: _____ Lot Size: _____

Section 2: Ownership

- Private (Individual, corporation, non-profit institution, etc.)
- Public (Federal, State or local government)

Section 3: Type of Construction or Improvement

- New Building: Residential Non-Residential: _____
(Business Name or DBA)
- Remodel/Alterations
- Repair/Replacement of Existing
- Demolition (See Section 4 below)
- Moving (Relocation)
- Foundation Only

Section 4: Demolition

_____ Number of stories

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

_____ Total land area, sq. ft.

Section 5: Project Valuation

\$ _____ Cost of Improvement:

The following to be installed but not included in the above cost:

\$ _____ Electrical

\$ _____ Plumbing

\$ _____ HVAC

\$ _____ Other (elevator, etc.)

Total Cost of Improvement: \$ _____

Continued on other side

Section 6: Selected Characteristics of Building**A. Dimensions:**

_____ Number of stories
 _____ Total square feet of floor area, all floors, based
 on exterior dimensions
 _____ Total land area, sq. ft.

B. Residential Buildings Only:

Number of bedrooms: _____
 Number of bathrooms: _____ Full
 _____ Half

C. Principal Type of Frame:

- Masonry (wall bearing)
- Wood frame
- Structural steel
- Reinforced concrete
- Other – specify:

D. Principal Heating Fuel:

- Gas
- Oil
- Electricity
- Coal
- Other – specify:

E. Sewage Disposal:

- Public /private company
- Private (septic tank, etc)
- Other – specify:

F. Water Supply:

- Public/private company
- Private (well, sistern)
- Other – specify:

G. Mechanical:

- Central Air Conditioner
- Elevator

H. Off-Street Parking Spaces:

_____ Number Enclosed
 _____ Number Outdoors

Section 7: Contact Information for Site Plan Review

Architect/Engineer Name:	Mailing Address	Telephone No.

I hereby certify that I am the owner of record for the proposed work site or I have been authorized by the owner of record to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

_____ Printed Name of Applicant

_____ Signature of Applicant

_____ Date

All permit applications must be given a min. of 24 hours for review by the Building Inspector. The applicant will be notified when the permit is ready and of the total fees.

FOR OFFICE USE ONLY

Zoning District: _____

Floodplain: _____

Building Permit Fee: \$ _____

Occupancy Load: _____

Notes: _____