

4. EMERGENCY RESPONSE NOTIFICATION (PRINT) Must provide emergency response info.

NO PERMIT APPLICATION WILL BE ACCEPTED UNTIL AT LEAST TWO- (2) EMERGENCY CONTACT NUMBERS AND INFORMATION ARE PROVIDED. THIS INFORMATION WILL BE USED AND MADE AVAILABLE TO THE POLICE, FIRE OR EMS PERSONELL IN THE EVENT OF AN ACTIVATION OF THE ALARM SYSTEM

CONTACT # 1		HOME PH:	MAILING ADDRESS	YES	NO
WORK PH:	CELL PH:			DOES THIS PERSON HAVE A KEY TO ENTER THE PROPERTY	
CONTACT # 1		HOME PH:	MAILING ADDRESS	YES	NO
WORK PH:	CELL PH:			DOES THIS PERSON HAVE A KEY TO ENTER THE PROPERTY	
CONTACT # 1		HOME PH:	MAILING ADDRESS	YES	NO
WORK PH:	CELL PH:			DOES THIS PERSON HAVE A KEY TO ENTER THE PROPERTY	
CONTACT # 1		HOME PH:	MAILING ADDRESS	YES	NO
WORK PH:	CELL PH:			DOES THIS PERSON HAVE A KEY TO ENTER THE PROPERTY	

5. CONTACT INFORMATION - (PRINT) Must provide information for all applicable parties.

OWNER OR LESSEE:	PHONE NO:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	
APPLICANT:	PHONE NO:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	CONTRACTORS LIC #
ARCHITECT OR ENGINEER			
(CONTACT NAME):	PHONE NO:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	CONTRACTORS LIC #
CONSTRUCTION COMPANY:			
(CONTACT NAME):	PHONE NO:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	CONTRACTORS LIC #
SPRINKLER CONTRACTOR			
(CONTACT NAME):	PHONE NO:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	CONTRACTORS LIC #
SPRINKLER DESIGN ENGINEER			
(CONTACT NAME):	PHONE NO:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	NYCET LEVEL & LIC #
ALARM INSTALLATION CONTRACTOR			
(CONTACT NAME):	PHONE NO:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	CONTRACTORS LIC #

6. TYPE OF CONSTRUCTION PROPOSED

NEW INSTALLATION

ALTERATION

RELOCATION

ICC CONSTRUCTION CLASSIFICATION

1A Protected non-combustible materials

2B Protected non-combustible materials

3B Un-protected (exterior non-combustible / interior combustible materials)

1B Protected non-combustible materials

2C Un-protected non-combustible materials

4 Exterior walls non-combustible materials, interior walls wood with no concealed spaces

2A Protected non-combustible materials

3A Protected (exterior non-combustible / interior combustible materials)

5A Protected Combustible materials

5B Un-protected Combustible materials

STRUCTURAL FRAME

WOOD

MASONRY

OTHER

STEEL

CONCRETE

EXPLAIN

EXTERIOR WALLS

WOOD

MASONRY

OTHER

STEEL

CONCRETE

EXPLAIN

ARE ANY STRUCTURAL ASSEMBLIES FABRICATED OFF SITE?

YES

NO

EXPLAIN

7. CURRENT OR PROPOSED USE OF EXISTING OR NEW STRUCTURE

Select the closest type

ASSEMBLY: Places for the gathering of people

A-1 (Theaters)

A-2 (Dance hall/night club)

A-3 (Restaurant, recreational center, libraries etc)

A-4 (Place of Worship)

A-5 (Outside facilities, grandstands, bleachers etc.)

BUSINESS

EDUCATIONAL: Accommodate more than 5 people for educational purposes, other than business or vocational training

GRADES (K-12)

DAY CARE FACILITY (5 or more occupants)

FACTORY

MODERATE HAZARD

LOW HAZARD

UTILITY AND MISCELLANEOUS

HIGH HAZARD

INSTITUTIONAL

I-1 (Group home, supervised environment)

I-2 (Hospital, care home, nursing home)

I-3 (Jail, under restraint)

MERCANTILE

RESIDENTIAL

R-1 (Hotel motel)

R-2 (Multiple family , Apartment/dormitory bldgs)

R-3 Twins, Townhouse, duplex.

R-4 Detached 1 & 2 family dwelling

STORAGE /WAREHOUSES

S-1 Moderate Hazard

S-2 Low Hazard

MIXED USE GROUP

8. VERIFICATION OF APPLICATION -Must be completed.

IS THE OWNER THE APPLICANT	Y N	APPLICATION DATE	ESTIMATED START DATE	ESTIMATED FINISH	TOTAL ESTIMATED PROJECT COST
<p>I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of Town of Rising Sun and certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.</p>					
SIGNATURE OF APPLICANT		ADDRESS			APPLICATION DATE
PRINT NAME OF APPLICANT					
RESPONSIBLE PERSON IN CHARGE OF WORK					PHONE NUMBER

9. DEPARTMENT USE ONLY

REQUIRED DOCUMENTS	COMMENTS	DATE OF COMPLIANCE
SEALED CONSTRUCTION PLANS	YES NO N/A	
SEALED FIRE SUPPRESSION PLANS	YES NO N/A	
SEALED FIRE ALARM PLANS	YES NO N/A	
SEALED SMOKE CONTROL PLANS	YES NO N/A	
LOCK BOX PLANS	YES NO N/A	
LIABILITY INSURANCE	YES NO N/A	
WORKERS COMP INSURANCE	YES NO N/A	
OTHER PERMITS NEEDED	YES NO	

CONTACT & NOTIFICATION HISTORY

CONTACT:	DATE: <input type="checkbox"/> PHONE <input type="checkbox"/> LETTER
CONTACT:	DATE: <input type="checkbox"/> PHONE <input type="checkbox"/> LETTER
CONTACT:	DATE: <input type="checkbox"/> PHONE <input type="checkbox"/> LETTER
CONTACT:	DATE: <input type="checkbox"/> PHONE <input type="checkbox"/> LETTER
CONTACT:	DATE: <input type="checkbox"/> PHONE <input type="checkbox"/> LETTER

APPLICATION RECEIVED:	PRELIMINARY REVIEW:	APPROVED	
-----------------------	---------------------	----------	--

COMMENTS:
