

## **CITY OF FAIRBANKS BUILDING PERMIT APPLICATION**

ECT NAME/NUMBER:								

APPLICANT TO COMPLETE NUMBE	RED SPACES ONLY		PLEASE PRI	NT		T E	
1. DATE	2. JOB ADDRESS		122192111			OFFICE U	
						Õ	
3. LEGAL PAN # DESCRIPTION	LOT NO. BLK	SUBDIVIS	ION		4. JOB NAM	ИE	
5. APPLICANT	MAIL ADDRESS	CITY/STA	TE/ZIP	PHONE	FAX	EMAIL	
6. OWNER	MAIL ADDRESS	CITY/STATE/ZIP		PHONE	FAX	EMAIL	
7. CONTRACTOR	MAIL ADDRESS	CITY/STA	TE/ZIP	E/ZIP PHONE FAX		EMAIL	
8. ARCHITECT or DESIGNER	MAIL ADDRESS	CITY/STA	TE/ZIP	PHONE	FAX	EMAIL	
9. ENGINEER	MAIL ADDRESS	CITY/STA	TE/ZIP	PHONE	FAX	EMAIL	
		T			T		
10. PROPOSED USE (List # of Living Units if Applicable)		11. SQUA	SQUARE FOOTAGE		12. TOTAL VALUE OF WORK PER SECTION 304.2 CITY OF FAIRBANKS ADMISTRATIVE CODE		R SECTION 304.2 CITY OF
13. CLASS OF WORK ☐ SIGN	☐ NEW ☐ ADDITION	☐ ALTE	RATION	□REPAIR	☐ MOVE		
14. DESCRIBE WORK:							
			NOTIC	E			
SEPARATE PERMITS ARE REQUIRED FOR STREET DIGGING, ELECTRICAL, PLUMBING A							RK
	O VOID IF WORK OR CONSTRUCTION A DAYS, OR IF CONSTRUCTION OR WORK				CONDITIO	ONS (OFFICE)	
AND NO INSPECTIONS ARE MADE WORK IS COMMENCED. ( I HEREBY CERTIFY THAT I HAVE	FOR A PERIOD OF 180 DAYS AT ANY 303.4 CITY OF FAIRBANKS ADMINISTRATIVE COEREAD AND EXAMINED THIS APPLICA	TIME AFTER DDE) ATION AND					
GOVERNING THIS TYPE OF WORK	T. ALL PROVISIONS OF LAWS AND OF K WILL BE COMPLIED WITH WHETHER	R SPECIFIED			PERMIT FI	EES (OFFICE)	
HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY LAW REGULATING			FEE DESCRIPTION			FEE	
I AGREE THAT THE WORK WILL B SPECIFICATIONS AND CONDIT	MENTS OR THE PERFORMANCE OF CO E DESCRIBED ABOVE PER THE APPRO TONS FURTHER SET FORTH BY THE BU	VED PLANS, UILDING					
EXPOSED AND ACCESSIBLE FOR I OFFICIAL AS SPECIFIED II	F THE APPLICANT TO INSURE THAT TI INSPECTION UNTIL APPROVED BY THI N THE INTERNATIONAL BUILDING CO	E BUILDING DE.					
	convenience fee up to 3.6% (minimum \$2.50) ions not related to garbage collection.	оп стеши апа					
			APPROVE	D FOR ISSUE BY:			
PRINT NAME AND TITLE (OWNER OR	CONTRACTOR)	DATE:				SUBTOTAL PLAN CHECK FEE	
SIGNATURE OF OWNER, CONTRACTO	R OR AUTHORIZED AGENT	DATE:	DATE:			PERMIT FEE TOTAL FEE	
CITY OF FAIRBANKS BU	JILDING DEPARTMENT 80	00 CUSHMA	AN STREE	T, FAIRBANKS	AK 99701	PHONE 459-6720	FAX 459-6719