



## Retaining Wall Permit Application

<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Wood	Date: ____/____/____	Permit No. _____	
ESTIMATED VALUE (Labor and Materials): \$ _____			
<b>JOB SITE ADDRESS:</b>		<b>PROJECT NAME:</b>	<b>SUITE #:</b>
Property Use:	Property ID #:	Zoning District.:	
<b>Job Description:</b>			
<b>Property Owner</b>	Name:		
	Address:	Zip:	Phone:
<b>Contractor</b>	Name:		Bus. License No.:
	Address:	Zip:	Phone:
Total Length of Wall:	Contact Person:	Design Professional:	
Total Height of Wall:	Phone:	Phone:	
Wall Thickness:	Email:	Email:	
Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction, erosion control or the performance of the same. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.			
Applicant Signature:		Date:	
<b>FOR OFFICE USE ONLY</b>		Application Accepted by:	
Wall Material:		Setback Required:	
	Linear Footage	Valuation Multiplier	Valuation \$
Wall #1			
Wall #2			
TOTAL			
Administrative Fee: \$	Plan Review Fee: \$	Permit Fee: \$	Total Fee: \$
Date Paid:	Date Paid:	Date Paid:	Date Paid: