## CITY OF GLUCKSTADT APPLICATION FOR BUILDING PERMIT

Type of Permit:		
A. Erection or Construction	D. Moving	
B. Repair or Alteration	E. Demolition or Razing	
C. Excavation or Site Work		
Type of Structure:		
New Residential Housekeeping Buildings	324 Offices, banks, and professional	
101 Single-family house, detached	325 Public works and utilities	
102 Single-family house, attached	326 Schools and other educational	
103 Two-family building	327 Stores and customer services	
104 Three- and four-family building	328 Other non-residential buildings	
105 Five-or-more family building	329 Structures other than buildings	
New Residential Non-housekeeping Buildings	Additions. Alterations, and Conversions	
213 Hotels, motels, and tourist cabins	434 Residential (except garages/carports)	
214 Other non-housekeeping shelter	437 Non-residential and non-housekeeping	
	438 Additions of garages and carports	
New Non-residential Buildings	and the state of t	
318 Amusement, social, and recreational	Demolitions and Razing of Buildings	
319 Churches and other religious	645 Single family houses (attach/detach)	
320 Industrial	646 Two-family buildings	
321 Parking garages	647 Three- and four-family buildings	
322 Service stations and repair garages	648 Five-or-more family buildings	
323 Hospitals and institutional	649 All other buildings and structures	
Location: Street Address Lot No. Block Subdivision Square Footage of Building  Location: Square Footage of Building  Location:  Location:  Location:  Recognition:  Recogn	on	
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Number of Residential Units	0	# 22000
Square Footage for Plan Review	Permit	Th 500.00
Cost of Construction S 60,000	0	\$ 50.0
If Commercial: MPC No	KevieW.	\$ 300.00
Location in Flood Zones:		\$ 350.00
A. Inside 100 year floodplain		
Flood Insurance Rate Map Panel Number		
Base Flood Elevation Lo	owest Floor Elevation	
FLOOD ELEVATION CERTIFICATE REQU	TRED	
B. Outside 100 year floodplain		
OWNER'S NAME AND ADDRESS:	CONTRACTOR'S COMPANY NAME AND ADDRESS:	
DAUL ELWAY	Distance Class and on Class	
108 German P-1	814 N Glb-Cr Cit-N	
marin mc 29110	Acal 196 29042	
Phone No. 631, 214-8505	Phone No. 601-937-853	
SUBCONTRACTOR'S COMPANY NAME AND SI		
Electrical Tony Same	611-937-5764	
Plumbing Vp h	60L 932-7877	e.
Mechanical		ē.
I hereby certify that I am the owner, or the owner's agen	at for the number of applying for this permit, and the	
i nereby certify that I am the owner, or the owner's agen information set forth above is true and correct and the sa		. 16 FFF
amortination sectorin above is true and correct and the so	and that be actived for an purposes, merading the	AND OF GLIDES

assessment and levy. I understate that the building permit issued pursuant to this application is valid for six months after date of issuance.

Signature - Owner, Contractor, or Agent

Printed or typed name of person signing