

TAX PARCEL NO. \_\_\_\_\_ PERMIT NO. 202245 DATE: 8/19, 2022

**CITY OF GLUCKSTADT**  
**APPLICATION FOR BUILDING PERMIT**

**Type of Permit:**

- A. Erection or Construction
- B. Repair or Alteration
- C. Excavation or Site Work
- D. Moving
- E. Demolition or Razing

**Type of Structure:**

- |  |   |
|--|---|
| <input type="checkbox"/> <u>New Residential Housekeeping Buildings</u>     | <input type="checkbox"/> 324 Offices, banks, and professional           |
| <input type="checkbox"/> 101 Single-family house, detached                 | <input type="checkbox"/> 325 Public works and utilities                 |
| <input type="checkbox"/> 102 Single-family house, attached                 | <input type="checkbox"/> 326 Schools and other educational              |
| <input type="checkbox"/> 103 Two-family building                           | <input type="checkbox"/> 327 Stores and customer services               |
| <input type="checkbox"/> 104 Three- and four-family building               | <input type="checkbox"/> 328 Other non-residential buildings            |
| <input type="checkbox"/> 105 Five-or-more family building                  | <input type="checkbox"/> 329 Structures other than buildings            |
| <br>   | <br>  |
| <input type="checkbox"/> <u>New Residential Non-housekeeping Buildings</u> | <input type="checkbox"/> <u>Additions, Alterations, and Conversions</u> |
| <input type="checkbox"/> 213 Hotels, motels, and tourist cabins            | <input type="checkbox"/> 434 Residential (except garages/carports)      |
| <input type="checkbox"/> 214 Other-non-housekeeping shelter                | <input type="checkbox"/> 437 Non-residential and non-housekeeping       |
| <br>   | <input type="checkbox"/> 438 Additions of garages and carports          |
| <input type="checkbox"/> <u>New Non-residential Buildings</u>              | <input type="checkbox"/> <u>Demolitions and Razing of Buildings</u>     |
| <input type="checkbox"/> 318 Amusement, social, and recreational           | <input type="checkbox"/> 645 Single family houses (attach/detach)       |
| <input type="checkbox"/> 319 Churches and other religious                  | <input type="checkbox"/> 646 Two-family buildings                       |
| <input type="checkbox"/> 320 Industrial                                    | <input type="checkbox"/> 647 Three- and four-family buildings           |
| <input type="checkbox"/> 321 Parking garages                               | <input type="checkbox"/> 648 Five-or-more family buildings              |
| <input type="checkbox"/> 322 Service stations and repair garages           | <input type="checkbox"/> 649 All other buildings and structures         |
| <input type="checkbox"/> 323 Hospitals and institutional                   |   |

**Location:**

Street Address 3512 Old Jackson Rd

Lot No. \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Square Footage of Building \_\_\_\_\_ Current Zoning \_\_\_\_\_

Number of Residential Units \_\_\_\_\_

Square Footage for Plan Review \_\_\_\_\_

Cost of Construction \$ \_\_\_\_\_

If Commercial: MPC No. \_\_\_\_\_

*Rec: Bantz  
paid for a permit fee \$8500  
9/1/2022  
CR# 080284*

**Location in Flood Zones:**

A. Inside 100 year floodplain

Flood Insurance Rate Map Panel Number \_\_\_\_\_

Base Flood Elevation \_\_\_\_\_ Lowest Floor Elevation \_\_\_\_\_

**FLOOD ELEVATION CERTIFICATE REQUIRED** \_\_\_\_\_

B. Outside 100 year floodplain

**OWNER'S NAME AND ADDRESS:**

Canton Cnd

Phone No. \_\_\_\_\_

**CONTRACTOR'S**

**COMPANY NAME AND ADDRESS:**

Phone No. \_\_\_\_\_

**SUBCONTRACTOR'S COMPANY NAME AND SIGNATURE:**

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Mechanical \_\_\_\_\_

**PHONE NO.**

\_\_\_\_\_

I hereby certify that I am the owner, or the owner's agent for the purpose of applying for this permit, and the information set forth above is true and correct and the same may be utilized for all purposes, including tax assessment and levy. I understand that the building permit issued pursuant to this application is valid for six months after date of issuance.

[Signature]  
Signature Owner, Contractor, or Agent

Printed or typed name of person signing

**APPROVAL OF PERMIT**

[Signature] 8/19/22  
Date

