

**CITY OF LARCHWOOD
APPLICATION FOR BUILDING PERMIT**

Permit No. _____

COMMERCIAL ZONING

Applicant _____ Mailing Address _____ Phone _____

Contractor _____ Address _____ Phone _____

Street Address of Construction Site _____

Legal Description: Lot(s) _____ Block _____ Addition _____

Application is for () New Construction () Alteration () Moving & Demolition () Change in Use () Other (Explain) _____

What are you building? _____ Dimensions: Width _____ Length _____ Height _____

Lot type: () Corner () Interior Is lot front on public street? () Yes () No Lot Depth _____ Lot Width _____

Total Square Feet of Lot (depth x width) _____ Estimated Cost of Planned Construction _____

Does your property have a Declaration of Restrictive Covenants? _____ * The City of Larchwood does not regulate or enforce specific development's covenants/restrictions, unless you are building in Grandview Addition. It is the responsibility of the property owner to know the covenants for their property and build according to what is allowed in the development.

On the attached sheet, indicate by scale drawing the shape and dimension of the lot, location of streets and alleys, shape and dimensions of all existing and proposed buildings and distances from buildings to lot lines.

The applicant for this permit hereby agrees that he/she will do the proposed work in accordance with the specifications set forth in this application for permit and with other plans and specifications furnished and will at all times abide by the rulings and directions of the Planning and Zoning Commission, and will in all things comply with the terms of all ordinances and building codes relating to building construction in the City of Larchwood, and all other state and federal laws and ordinances in effect in the said City of Larchwood and relating to this subject.

This permit becomes null and void if work or construction authorized is not commenced within **one year**.

This application **is not** a building permit until the Planning and Zoning Commission has acted on the application at the regular monthly meeting or at a special meeting.

Date

Applicant or Applicants Authorized Representative Signature

Planning & Zoning Commission Use Only	
Application approved: _____ Application disapproved: _____. If disapproved state reason(s). _____	
_____ Date	_____ Signature – Chairman, Planning & Zoning Commission
Fee paid in the amount of: _____	

City of Larchwood Use Only	
The above application is hereby approved. _____	
_____ Date	_____ Signature – City Representative