

 Building Project Form									
Contact Information									
Name							Date		
Address									
Phone				Email					
Construction Types									
<input type="checkbox"/> I-A	<input type="checkbox"/> I-B	<input type="checkbox"/> II-A	<input type="checkbox"/> II-B	<input type="checkbox"/> III-A	<input type="checkbox"/> III-B	<input type="checkbox"/> IV	<input type="checkbox"/> V-A	<input type="checkbox"/> V-B	
Occupancy Group Codes (Commercial Projects Only)									
<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	
<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	<input type="checkbox"/> H-5	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4	
<input type="checkbox"/> M	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4	<input type="checkbox"/> U				
<input type="checkbox"/> I-1 Condition 1		<input type="checkbox"/> I-1 Condition 2		<input type="checkbox"/> I-2 Condition 1		<input type="checkbox"/> I-2 Condition 2			
New Residential Projects									
<input type="checkbox"/> IRC-1 <input type="checkbox"/> IRC-2 <input type="checkbox"/> IRC-3									
Dimensions									
Building:									
Stories_____		Sq Ft_____		Height_____		Length_____		Width_____	
Basement:				Floor areas (Sq Ft):					
Sq Ft_____		Finished_____		1 st _____		2 nd _____		3 rd _____	
Other areas (SqFt):									
Garage_____		Porch_____		Deck_____					



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.

