



**BUILDING INSPECTION & PERMITS SECTION**

**APPLICATION FOR PERMIT**

IMPORTANT: Applicant must complete all items in sections I, II, III, IV

Permit Number \_\_\_\_\_

**I. LOCATION OF BUILDING**

Location \_\_\_\_\_ Zoning District \_\_\_\_\_  
 Lot \_\_\_\_\_ Tract \_\_\_\_\_ Block \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Lot Size \_\_\_\_\_

**II. TYPE AND COST OF BUILDING**

<b>A. Type of Building</b>	<b>Group Occupancy</b>	<b>Type of Construction</b>	<b>Foundation</b>
<input type="checkbox"/> New Building	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Repair	
<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Other	<input type="checkbox"/> Demolished	
<input type="checkbox"/> Shell Only	<input type="checkbox"/> Add	<input type="checkbox"/> Reconstructed	_____
<input type="checkbox"/> Fence Wall		<input type="checkbox"/> Relocated	Dimension of Building _____

**B. Ownership**

Private (individual, corporation, non profit institution, etc.)  Public (Federal, State, or Local Government)

**C. Cost**

Cost of Improvements..... \_\_\_\_\_  
 Electrical..... \_\_\_\_\_  
 Plumbing..... \_\_\_\_\_  
 heating, air conditioning... \_\_\_\_\_  
 other (elevator, etc ) ..... \_\_\_\_\_

**Total Cost of Improvement** \_\_\_\_\_

**Scope of Work**

**D. PROPOSED USE**

Residential

One Family  Garage  
 Two or more families  Carport  
 Enter No. of Units \_\_\_\_\_  
 Transient hotel, motel, or dormitory  Other (Specify) \_\_\_\_\_  
 Enter No. of Units \_\_\_\_\_

Non-Residential

Amusement, Recreational  
 Church, other religious  
 Industrial  
 Parking Garage  
 Service station, repair garage  
 Hospital, institutional

Office, bank, professional  
 Public Utility  
 School, library, other educational  
 Tanks, Towers  
 Other (Specify) \_\_\_\_\_

**III. SELECT CHARACTERISTICS OF THE BUILDING**

**E. Principal Type of Frame**

Masonry (wall bearing)  Reinforced Concrete  
 Wood Frame  Other  
 Structural Steel Specify \_\_\_\_\_

**F. Type of Sewage Disposal**

Public Sewage  
 Private (septic tank, etc.)

**G. Type of Mechanical**

Central Air Conditioning  
 Yes No  
  Elevator  
 Yes No  
  Fire Suppression System  
 Yes No

**H. Flood Zone**

Is the property within an identified Flood Zone?  
 Yes  
 No  
 If Yes, Provide Topographical Map and Flood Elevation Certificate.

**I. Type of Water Supply**

Public  
 Private

Total square feet of floor area. All floors based on exterior dimensions

**J. Parking Spaces**

Enclosed \_\_\_\_\_  
 Outdoors \_\_\_\_\_

**K. Residential buildings Only**

Number of bedrooms \_\_\_\_\_

**L. Dimensions**

Number of Stories \_\_\_\_\_

\_\_\_\_\_ Total land area, sq ft.

Number of Bathrooms { Full \_\_\_\_\_  
 Partial \_\_\_\_\_

**IV. IDENTIFICATION**

	Print Name/ Signature	Mailing Address - Number, street, city and state	ZIP Code	Telephone
1. Owner or Lessee				
2. Contractor	License#			
3. Architect or Engineer SEAL NO.				

The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction

Owner/Lessor \_\_\_\_\_ Current Address \_\_\_\_\_ Application Date \_\_\_\_\_



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**V. PLAN REVIEW**

**TO BE FILLED OUT BY DEPARTMENT OF PUBLIC WORKS**

Review Required	Date	Print Name	Comments
		Signature	
Architectural			
Structural			
Mechanical/Plumbing			
Flood Control			
HPCC			
Hydraulics/Civil			
Highway Encroachment			
Rights of Way			
Traffic Engineering			

**VI. ZONING EXAMINATION TO BE DONE BY DEPARTMENT LAND MANGEMENT**

District \_\_\_\_\_

Use \_\_\_\_\_

Front Yard \_\_\_\_\_

Side Yard \_\_\_\_\_ Side Yard \_\_\_\_\_

Rear Yard \_\_\_\_\_

Ownership of Property \_\_\_\_\_

If not owner, is there a lease or authorization to the property? \_\_\_\_\_

Did this project receive TLUC approval? What are the conditions \_\_\_\_\_

**VII. REVIEW AND COMMENTS BY REGULATORY AGENCIES (Route as Indicated)**

Agency	Date	Print Name	Comments
		Signature	
Land Management, Zone			
Contractor's License Board			
Public Health			
E.P.A.			
GWA			
Guam Power Authority			
Fire Prevention Bureau			
Peals Board			
Parks & Rec.			
Dept. of Agriculture			
U.S Army Corps. of Engineers			

**VII. Validation**

Building Permit Number \_\_\_\_\_

Building Permit Issued \_\_\_\_\_, 20 \_\_\_\_\_

Approved By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Valuation: \_\_\_\_\_

Plan Checking Fee: \_\_\_\_\_, Rec'd \_\_\_\_\_

Building Permit Fee: \_\_\_\_\_

Total: \_\_\_\_\_