

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

<input type="checkbox"/> One Family <input type="checkbox"/> Two or More Family No. Of units _____	<input type="checkbox"/> Hotel, Motel No. Of units _____ <input type="checkbox"/> Other Use _____	<input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage
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B. NON-RESIDENTIAL

<input type="checkbox"/> Amusement <input type="checkbox"/> Parking Garage <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Store, Mercantile	<input type="checkbox"/> Church, Religious <input type="checkbox"/> Service Station <input type="checkbox"/> Public Utility <input type="checkbox"/> Tanks, Towers	<input type="checkbox"/> Industrial <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Other _____
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NONRESIDENTIAL - Describe in detail proposed use of building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing is being changed, enter proposed use.

V. SELECTED CHARACTERISTICS

A. PRINCIPAL TYPE OF FRAME

<input type="checkbox"/> Masonry, Wall Bearing <input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Structured Steel	<input type="checkbox"/> Other Type
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B. PRINCIPAL TYPE OF HEATING FUEL

<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electricity	<input type="checkbox"/> Coal	<input type="checkbox"/> Other Type_____
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C. TYPE OF SEWAGE DISPOSAL

SEWER CONTRACTOR	<input type="checkbox"/> Public or Private Company <input type="checkbox"/> Septic System
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TYPE OF WATER SUPPLY

WATER CONTRACTOR	<input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private Well
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E. MECHANICAL

MECHANICAL CONTRACTOR	
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<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> ELEVATOR
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F. ELECTRICAL CONTRACTOR

G. PLUMBING CONTRACTOR

H. DIMENSIONS

Total Floor Area (square feet) _____ Floor Area: 1 st & 2 nd floor _____ 3 rd - 10 th floor _____ 11 th - above floor _____	Total Land Area (square feet) _____ Number of Stories _____ Total Height _____
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I. NUMBER OF OFF-STREET PARKING SPACES

Total Spaces Enclosed _____ Total Spaces Per Residential Unit _____	Total Spaces Outdoors _____ Handicapped Parking _____
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