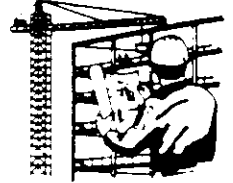




**BUILDING SAFETY IS NO ACCIDENT**



Application Number: \_\_\_\_\_

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

**BUILDING PERMITS & INSPECTION SECTION  
APPLICATION FOR PERMIT & PLAN REVIEW**

Application Number: \_\_\_\_\_

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

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

**I. LOCATION OF BUILDING**

Location \_\_\_\_\_ (No.) \_\_\_\_\_ (Street) \_\_\_\_\_ Zoning District \_\_\_\_\_  
 Between \_\_\_\_\_ (Cross Street) \_\_\_\_\_ and \_\_\_\_\_ (Cross Street) \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Block \_\_\_\_\_ Lot Size \_\_\_\_\_

**II. TYPE AND COST OF BUILDING**

**A. Type of Building**

<input type="checkbox"/> New Building	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Repair	<input type="checkbox"/> Foundation
<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"/> Dimension of Building _____
<input type="checkbox"/> Fence Wall	<input type="checkbox"/> Alter	<input type="checkbox"/> Relocated	

**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 \$** \_\_\_\_\_

Nonresidential - Describe in detail proposed use of buildings, 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 building is being changed, enter proposed use.

**D. PROPOSED USE - (For "Wrecking" most recent use)**

<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential	<input type="checkbox"/> Office, bank, professional
<input type="checkbox"/> One family	<input type="checkbox"/> Amusement, Recreational	<input type="checkbox"/> Public utility
<input type="checkbox"/> Two or more families	<input type="checkbox"/> Church, other religious	<input type="checkbox"/> School, library, other educational
Enter No. of Units ← _____	<input type="checkbox"/> Industrial	<input type="checkbox"/> Stores, mercantile
<input type="checkbox"/> Transient hotel, motel, or dormitory	<input type="checkbox"/> Parking garage	<input type="checkbox"/> Tanks, towers
Enter No. of Units ← _____	<input type="checkbox"/> Service station, repair garage	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Hospital, institutional	
<input type="checkbox"/> Carport		
<input type="checkbox"/> Other (specify) _____		

**III. SELECTED CHARACTERISTICS OF BUILDING** for new buildings and additions, complete Parts E - K, for wrecking, complete only Part I, for all others skip to IV.

**E. Principal Type of Frame**

Masonry (wall bearing)  Reinforced concrete  
 Wood frame  Other (specify) \_\_\_\_\_  
 Structural steel

**F. Type of Sewage Disposal**

Public Sewer  Private (septic tank, etc.)

**G. Type of Mechanical**

Yes  No Central Air Conditioning  
 Yes  No Will there be an elevator?

**H. Type of Water Supply**

Public Supply  Private (well, cistern)

Total square feet of floor area, all floors, based on exterior dimensions \_\_\_\_\_

**I. Dimensions**

Number of stories \_\_\_\_\_ Total land area, sq. ft. \_\_\_\_\_

**J. Number of Off-street Parking Spaces**

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

**K. Residential Buildings Only**

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

Has the plan for project been approved by TLUC or TSPC? If so, attach copy of approval and conditions placed on project. The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction.

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



**BUILDING PERMITS & INSPECTION SECTION  
APPLICATION FOR PERMIT & PLAN REVIEW**

Application Number: \_\_\_\_\_

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

**TO BE FILLED OUT BY BUILDING PERMIT STAFF ONLY**

**V. PLAN REVIEW RECORD**

Plans Review Required	Date Plans Started	Date Plans Approved	Comments
Architectural			
Structural			
Mechanical/Plumbing			
Electrical			
<i>FLOOD CONTROL</i> Hydraulics/Civil			
<i>HPCC</i> Highway Encroachment			
Rights of Way			
Traffic Engineering			

**VI. ZONING PLAN EXAMINATION RECORD TO BE DONE BY DLM**

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 COMMENTS BY OTHER AGENCIES (Route as Indicated)**

Agency	Date	Signature	Does your Agency recommend approval? If so, seal your response
Land Management, Zone			
Contractor's License Board			
Public Health			
E.P.A.			
Public Utility Agency			
Guam Power Authority			
Fire Prevention Bureau			
Guam Telephone Authority			
GHURA			

Permission is hereby given to the above work according to conditions hereon and according to approved plans and specifications pertaining thereto, subject to compliance with the Uniform Building Code and Government Code of Guam.

**VIII. VALIDATION**

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

Building Permit Issued \_\_\_\_\_, 19 \_\_\_\_\_

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

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

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

Plan Checking fee \_\_\_\_\_ Rec'd \_\_\_\_\_

Building Permit fee \_\_\_\_\_

Total \_\_\_\_\_