

Residential     Commercial

**Step 1 – Owner/Applicant Information**

**Applicant's Information**  Check if information is the same as owner

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Owner's Information**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Step 2 – Property Address**

Building Address (number and street): \_\_\_\_\_  
 Legal Address (if known): Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Other Legal: \_\_\_\_\_

**Step 3 – Project Type**

Please check the appropriate project type:

New Home                       Shed  
 Finish Basement             Deck  
 Fence                               Other, please specify:  
 Shingling                      \_\_\_\_\_

**Step 4 – Contractors/Designers**

Provide contractor/designer contact information on Page 3 of this document.  
 Check if work will be completed by self.

**Step 5 – Project Area**

Check if fence, deck, shed, or shingling permit. Skip to Step 6.

<b>New Home</b>	<u>Square Footage</u>	<b>Finishing Basement</b>	<u>Square Footage</u>
Finished New Home Space:	_____	Finishing Basement Space:	_____
Finished New Basement Space:	_____	Remodel Space:	_____
Unfinished New Space:	_____		
Attached Garage:	_____		
Detached Garage:	_____	<b>Total Value of Project:</b>	\$ _____

**Step 6 – Description of Work and Use** Provide a brief description of the work that will be done.

\_\_\_\_\_

\_\_\_\_\_

Provide a detailed site plan on Page 2 of this document. Include exact measurements, dimensions and setbacks.

**Step 7 – Submittal & Signatures**

I, the undersigned, do hereby affirm that the above statements are true and correct. I agree to comply with the provisions of the ordinances of the City of Worthing and the approved plans and specifications accompanying this application. The proposed work is authorized by the owner and authorization to enter the property for inspection purposes is hereby given to authorized representative of the City of Worthing.

Owner                       Contractor                       Owner's Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For City Staff Use Only**

**Permit Number:** \_\_\_\_\_ **Total Fee:** \$ \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Status:**  Approved     Denied     Fee Paid, Payment Type: \_\_\_\_\_  Application Complete

**Notes:** \_\_\_\_\_

**Approved By (Signature):** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

**Water Hook-up Fee: \$700 base\* • Sewer Hook-up Fee: \$500 base\* • Inspection Fee: \$75 (\*See Schedule of Fees)**

Site Plan *Provide a detailed site plan. Include exact measurements, dimensions and setbacks.*

## Contractors/Designers Information

### General Contractor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Plumbing Contractor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Electrical Contractor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### HVAC Contractor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Architect

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Other:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Other:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_