

**BUILDING PERMIT INFORMATION  
RESIDENTIAL NEW CONSTRUCTION/MAJOR REMODELING**

Briefly Explain Type of Work to be Performed: Construction of veterinary clinics

X Year 2011 Remodeling Cost \$ \_\_\_\_\_ New Construction Cost \$ \_\_\_\_\_

**HEATING**

Fuel Type: ..... Gas  Electric  Oil  Coal  Solar  None   
System Type: ..... Forced Air  Electric Baseboard  Hot Water  Heat Pump  Solar  Space Heaters

Other (Explain): \_\_\_\_\_

**TOTAL NUMBER OF ROOMS ON ALL FLOORS  
(Include Basement and Attic Rooms)**

see attached

Bedrooms \_\_\_\_\_ Converted Bedrooms (Den, Study, Etc.) \_\_\_\_\_ Kitchens \_\_\_\_\_ Family/Rec Room \_\_\_\_\_  
Living Rooms \_\_\_\_\_ Living/Dining Combo \_\_\_\_\_ Separate Dining Room \_\_\_\_\_

**PLUMBING (On All Floors)**

No. of Half Baths \_\_\_\_\_ No. of 3/4 (Shower) Baths 1 No. of Full Baths \_\_\_\_\_  
Extra Bath (Double Vanity) Sinks \_\_\_\_\_ Laundry Sink 1 Wet Bar \_\_\_\_\_ Spa Tub \_\_\_\_\_ Bidet \_\_\_\_\_

**BASEMENT**

Type: ..... None  Crawl Space  Partial: 1/4  1/2  3/4  Full   
Finished Basement Rooms: ..... Rec Room  Bedrooms  Baths  Family Room

Other (Explain)  \_\_\_\_\_

Finished Basement Area \_\_\_\_\_ % of Total (or size \_\_\_\_\_ x \_\_\_\_\_)  
Is the quality of the floor, wall & B ceiling finish equivalent to the upper floor living area? ..... Yes  No   
Basement Garage ..... None  1 Car  2 Car  3 Car

**FIREPLACE (Number Of)**

Brick or Stone Fireplace 0 Pre-Fabricated Built-In Units 0 Free Standing 0 Wood Burning Stoves 0