



Commonwealth of the Northern Mariana Islands
 Building Safety Code Division, Department of Public Works
 2nd floor-Oleai Joeten Commercial Center, Saipan, MP 96950



All Applicable sections must be filled out and all supporting documents must be attached to this application. Incomplete applications and or supporting documents will delay the processing of this application.

Date Received: _____ Received by: _____ Permit No.: _____

I. Identification			
	Name	Mailing Address	Telephone Nos. & Email Address
Owner or Lessee			
Contractor			
Architect/Engineer			
II. Site Location			
Physical Address			
Lot Number		Lot Size	
III. Type of Permit			Type of Work
<input type="checkbox"/> Commercial Building Permit	<input type="checkbox"/> Special Permit	<input type="checkbox"/> New Construction	<input type="checkbox"/> Repair/Replacement
<input type="checkbox"/> Residential Building Permit	<input type="checkbox"/> Special Substructure Permit	<input type="checkbox"/> Addition/Extension	<input type="checkbox"/> Installation
<input type="checkbox"/> Government Permit	<input type="checkbox"/> Certificate of Occupancy	<input type="checkbox"/> Alteration	<input type="checkbox"/> Other (Specify) Below:
<input type="checkbox"/> Commercial Demolition Permit	<input type="checkbox"/> Annual Certificate of Compliance	Remarks:	
<input type="checkbox"/> Residential Demolition Permit			
IV. Proposed Use and Occupancy			Class of Work
<input type="checkbox"/> Assembly	<input type="checkbox"/> High Hazard	<input type="checkbox"/> Storage	Group Occupancy:
<input type="checkbox"/> Business	<input type="checkbox"/> Institutional	<input type="checkbox"/> Utility & Misc.	Type of Construction:
<input type="checkbox"/> Educational	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Covered/Open Mall	Building Area:
<input type="checkbox"/> Factory & Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Other (Specify):	No. of Stories:
V. Work Description			
Ownership	<input type="checkbox"/> Private (Individual, Corporation, NGO, etc.)		<input type="checkbox"/> Public (Federal or Local Government)
Brief description of proposed work:			
VI. Valuation			
Total Cost of Improvement			\$
The owner of this improvement and the undersigned agree to conform to all applicable laws of the Commonwealth of the Northern Mariana Islands.			
Signature of Applicant			Date

VII. For Office Use Only		
Floodplain Data: Floodplain Data will be determined and completed by Floodplain Administrator before issuance of permit		
Floodplain Determination:		
Firm Panel No.	Firm Zone	BFE
<input type="checkbox"/> Site located outside identified flood-prone area		<input type="checkbox"/> Site located within identified flood-prone area: Elevation Certificate Required