



After-Hours Construction Permit Application

If Approved – \$75 Permit Fee Due Upon Issuance

Applicant Name: _____

Applicant Phone: _____

Address/Unit/Space: _____

Parcel Number(s): _____

Associated Building Permit #: _____

| |
|----------------------|
| <u>City Use Only</u> |
| PAHC#: _____ |
| Address: _____ |
| Date Received: _____ |
| Date Approved: _____ |

| | | | |
|--------------------|------|-----------|-----|
| Contractor: | | License # | |
| Name | | Phone | |
| Address | City | State | Zip |

| | | | |
|-------------------------|------|-------|-------|
| Owner or Lessee: | | | |
| Name | | | Phone |
| Address | City | State | Zip |

Per Ordinance 693, construction activity shall only be permitted during the hours of 7am and 7pm, or sunrise to sunset, whichever is less, on Mondays through Saturdays. No construction is permitted on Sundays or legal holidays. The restrictions on Sundays and legal holidays construction activity shall not apply when one of the following exists:

1. Written permission has been granted by the City Manager or his designee, where in their discretion a substantial hardship is shown and/or an emergency exists.
2. Existing homes: The construction activity is on or in connection with existing occupied single-family homes and no neighbor complaints are received by the City. If a complaint is received by the City, the permit holder will be notified and the City Manager will determine whether construction activity on Sundays and legal holidays is permitted to continue.
3. Not in the vicinity of occupied homes – no occupied homes are located within 1,300 feet of the construction activity.

The closest residential area is _____ feet away from the construction area.

The requested after-hours construction will commence on (date/day) _____

During the hours of (a.m./p.m.) _____

Provide work description:

| | |
|---|--|
| Type of Improvement: <input type="checkbox"/> New Building <input type="checkbox"/> Addition / Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Deck <input type="checkbox"/> Other _____ | Proposed Use: <input type="checkbox"/> Residential <input type="checkbox"/> Garage – Attached ____/ Not Attached ____ <input type="checkbox"/> Non-Residential <input type="checkbox"/> Type: _____/ Zoning _____ |
|---|--|

City Manager Approval: _____

Date: _____