



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

SURVEY OF RESIDENTIAL BUILDING OR ZONING PERMIT SYSTEMS - VERIFICATION

Person Completing This Survey	SAMPLE
Name	
Title	
Telephone (Include area code)	
Fax (Include area code)	
E-mail address	
Internet web address	

(Please correct any errors in name, address, and ZIP Code)

This survey form is used to verify responsibility of permit-issuing jurisdictions in the United States.
For further information call 1-800-845-8244

Section 1 - Permit System

A. The following narrative describes our record of the geographic area(s) for which your permit office is responsible. If no narrative is present, continue with Section 1.B.

Is this coverage correct? **Yes.** Please return this form now by choosing a method described on the reverse side.
 No. Please continue starting with Section 1.B.

B. Did your permit system have a geographic coverage change?

Yes. Mark an (X) in the appropriate box(es) and enter the requested information.

No

Permits are no longer required to build new residential buildings: _____

Permit office has merged with another permit jurisdiction: _____ Effective Date

_____ Effective Date
_____ Name of permit jurisdiction with which your office has merged

Permit office has split into two or more jurisdictions:

_____ Effective Date
_____ Name of additional jurisdiction now issuing permit(s)

_____ Name of additional jurisdiction now issuing permit(s)

_____ Name of additional jurisdiction now issuing permit(s)

Extraterritorial jurisdiction (ETJ)/Annexation:

_____ Effective Date
_____ ETJ in miles or define annexation

**Skip to
Section 2,
Geographic
Coverage**

If more space is needed, please continue in Section 3

Section 2 – Geographic Coverage

A. If no narrative is present in Section 1.A., please list the geographic area(s) covered by your office. If a narrative is present in Section 1.A, please review it and add any geographic area(s) covered by your office which was omitted.

Geographic Area Name	Type of Geographic Area:						
	County	City	Town	Village	Township	Borough	Other - Describe
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Please review the narrative in Section 1.A. (if any) and list all area(s) NO LONGER covered by your office:

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If additional space is needed, please use Section 3 below.

Section 3 – Comments/Additional Information

Please include any additional information from Sections 1 and 2 that would not fit in the space provided.

<p><i>We would appreciate your response within 30 days</i></p>	<p>Mail to: U.S. Census Bureau Manufacturing and Construction Division Residential Construction Branch Washington, DC 20233-6900</p> <p>or</p> <p>Fax to: (301) 763-8587</p>
---	--

(If more space is needed, please attach a separate sheet.)