

BUILDING PERMIT APPLICATION

Applicant

Name _____
Address _____ E-Mail _____
City _____ State _____ Zip _____
Phone _____ Cell Phone _____
Fax _____ Other _____

Owner (If same as applicant check)

Name _____
Address _____ E-Mail _____
City _____ State _____ Zip _____
Phone _____ Cell Phone _____
Fax _____ Other _____

Principal Contractor (If same as applicant check)

Name _____
Address _____ E-Mail _____
City _____ State _____ Zip _____
Phone _____ Cell Phone _____
Fax _____ Other _____

Attach Workmen's Compensation Certificate or Waiver

Location of construction

Property located at: _____ City _____ Zip _____
Subdivision _____ Parcel _____ Zoning _____
Tax Map # _____ - _____ - _____ - _____
Size of Lot _____ Deed # _____ Owned since _____

Type of improvement

- New Building Addition Repair Demolition Relocation
 Foundation only Change of Use Plumbing Mechanical Electrical

Estimated Cost of Construction (reasonable fair market value) \$ _____