

Building Permit Application

Parcel # _____ Date: _____

Applicant's Name: _____

Address: _____

Phone #: _____

1. Location of Project: _____
2. Circle One: New Building; Addition; Alteration; Mobile Home; Modular Home;
Swimming Pool; Septic System; Heating Unit; Deck;
Other _____
3. Name of Contractor: _____
Address: _____

Phone #: _____
4. Name of Compensation Insurance Carrier: _____
Policy #: _____ Expiration date: _____
5. Electrical Inspection Agency: _____
6. New Structure Dimensions: Length: _____ Width: _____ Height: _____
7. Specify nature and intent of use: _____
8. Does well, septic system and leach field have proper setback distance?
() yes () no
9. Has perk test been done and documented? () yes () no () NA
10. Construction Value \$ _____ Permit Fee \$ _____
Paid by check #: _____ cash _____

(for office use only)

Permit: accepted () denied () due to _____

Permit # _____ Expires: _____ Zoning Permit # _____

Terry McKeever, Code Officer