

BUILDING PERMIT APPLICATION FORM

7/1/05

ACCESSORY BUILDING

(PLAN REVIEW REQUIRED)

CONTRACTOR NAME: _____

ADDRESS: _____ PHONE #: _____

OWNER NAME: _____

ADDRESS: _____ PHONE #: _____

TYPE JOB: _____ PROPOSED USE: _____

DIRECTIONS TO JOB OFF U.S. HIGHWAY (29,40,41,57 OR 58):

BUILDING SIZE: _____ W _____ L

2ND STORY _____ W _____ L TOTAL SQUARE FEET: _____ COST OF STRUCTURAL:

COST OF TOTAL JOB (ESTIMATED): _____

NAME AND/OR CONTRACTOR'S # OF ELECTRICIAN: _____

NAME AND/OR CONTRACTOR'S # OF PLUMBER: _____

NAME AND/OR CONTRACTOR'S # OF HEATING & AIR CONTRACTOR: _____

FLOOR JOIST SIZE: _____ RAFTER SIZE OR TRUSSES: _____

NO: OF AMPS: _____ PHASE: _____ VOLTS: _____ COST OF ELECTRICAL: _____

NO. OF BATHROOMS: _____ NO: OF PLB. FIXTURES: _____ COST OF PLB _____ NO: OF BEDROOMS: _____

TYPE OF HEAT: _____ COST OF HEAT _____ A/C _____ COST OF A/C _____

DISTANCE OFF ALL PROPERTY LINES & OTHER STRUCTURES: PLEASE DRAW ON SEPARATE SHEET

NAME OF APPLICANT: _____ PHONE #: _____

EMAIL ADDRESS: _____ CHECK IN MAIL: _____ PICK UP & PAY _____

SIGNATURE OF APPLICANT: _____
