

DATE: _____

PROJECT NO: _____

BUILDING PERMIT NO: _____

Property Information:

Address: _____

Unit# _____

Subdivision/Park: _____

Legal Parcel No:

Lot # _____

Historic District: **Yes**

Land Lot District Section

Contact Information:

| | | |
|---|--------------------------|--------------------------|
| APPLICANT <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Owner:

Designer:

General Contractor:

Address:

Address:

Address:

City/State/Zip:

City/State/Zip:

City/State/Zip:

Phone:

Phone:

Phone:

Email:

Email:

Email:

Project Information:

Project Name: _____

Estimated Costs: \$ _____

Description: _____

Other than items listed below

Activity

Detached Accessory Structure

New Construction:

Attached Garage:

Pool:

Addition:

Detached Garage:

Pool House:

Interior Alteration:

Carport:

Fence or Retaining Wall:

Exterior Alteration:

Storage Building/Barn:

Porch/Deck:

Pre-Manufactured/Modular:

Guest Home:

Porch/Deck Cover:

Other: _____

*****Square footages and number of items should be for all items checked above*****

Existing Square Footage: _____ **SF**

No. of Levels: _____

No. of Bedrooms: _____

New Square Footage: _____ **SF**

Basement Square Footage

No. of Bathrooms: _____

Heated Square Footage: _____ **SF**

Finished: _____ **SF**

No. of Prefab Fireplaces: _____

Un-Heated Square Footage: _____ **SF**

Unfinished: _____ **SF**

No. of Masonry Fireplaces: _____

Projected Start Date: _____

Application should include the appropriate

Projected Completion Date: _____

Submittal Checklist for the type of Work Proposed

SIGNATURE OF APPLICANT: _____