

Property Owner		Phone	
Mailing Address			
Contractor - General		Phone Mobile	
Contractor Mailing Address		Fax Email	
Electrical	Address		
Plumbing	Address		Heating
Job Site Address			Year Original Structure Built
Subdivision		Filing	Lot Block
Distance to Property Lines (closest structure, including decks and covered patios): N _____ E _____ S _____ W _____			New Master Plan Review? Yes _____ No _____
Required setbacks/offsets (Office use only): N _____ E _____ S _____ W _____			Same-As Plan Review? Yes _____ No _____

**Type of Improvement**

New Building

Addition

Remodel

Other \_\_\_\_\_

Primary Structure Building Height (to peak) \_\_\_\_\_

Accessory Structure Building Height (to peak) \_\_\_\_\_

\* If accessory structure, please include BOTH building heights above

**Office Use Only**

Valuation: \$ \_\_\_\_\_

**FEES:**

Total SAFEbuilt \$ \_\_\_\_\_

Total Town \$ \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

Lot Square Feet: \_\_\_\_\_

Zoning: \_\_\_\_\_

Open Space: \_\_\_\_\_

Use: \_\_\_\_\_

Plot Plan:

To Engineer: \_\_\_\_\_

From Engineer: \_\_\_\_\_

Estimated Value (Materials and labor) \$ _____	<b>New Residential Structures</b> <input type="checkbox"/> One Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family # Units _____ <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Garage <input type="checkbox"/> Other _____	Type of Construction <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other _____
	<b>PROPOSED USE:</b> Commercial / Industrial  <input type="checkbox"/> New Building <input type="checkbox"/> Shell Only <input type="checkbox"/> Remodel / Addition <input type="checkbox"/> Tenant Finish	# Bedrooms _____ # Baths Full _____ ¾ _____ ½ _____  Miscellaneous: Number of stories _____ Total Land Area _____ Parking Spaces _____

**Square Footage (Must be completed by applicant prior to submittal):**

Main Floor: \_\_\_\_\_

Add. Floors: \_\_\_\_\_

UF Basement: \_\_\_\_\_

Fin. Basement: \_\_\_\_\_

Crawlspace: \_\_\_\_\_

Covered Porch: \_\_\_\_\_

Decks: \_\_\_\_\_

Garage: \_\_\_\_\_

Other Information: Describe in detail the proposed use (or proposed business name & product), type of construction, dimension, square footage, and materials, etc

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notice**

The applicant, his agents and employees shall comply with all the rules, restrictions and requirements of the Town and Building Codes governing location, construction, and erection of the above proposed work for which the permit is granted. The Town or its agents are authorized to order the immediate cessation of construction at anytime a violation of the codes or regulations appears to have occurred. Violation of any of the applicable codes or regulations may result in the revocation of this permit.

Buildings MUST conform with plans, as submitted to the Town. Any changes of plans or layout must be approved prior to the changes being made. Any change in the use or occupancy of the building or structure must be approved prior to proceeding with construction.

The applicant is required to call for inspections at various stages of the construction, and in accordance with the aforesaid requirement, the applicant shall give the building inspector not less than one working day's notice to perform such activities.

In the event construction is not commenced within 180 days of issuance of this perm it, then the same is automatically void. Cessation of work for a period of 180 continuous days shall also cause this permit to be void. Permits are no transferable. Fees on voided permits are non-refundable.

Signature of applicant	Date	Town Engineer	Date
Building Inspector Plan Review	Date	Approved by Town Official	Date