

PROPERTY OWNER _____

PHONE _____

MAILING ADDRESS _____
(ADDRESS / CITY / STATE / ZIP)

SITE ADDRESS _____

EMAIL ADDRESS: _____

PARCEL # _____ OR SUBDIVISION _____ LOT _____ BLOCK _____

GENERAL CONTRACTOR		
Name:	Phone No.	Alternate Phone No.
Mailing address:		
E-mail Address:	Town License No.	
PLUMBING CONTRACTOR		
Name:	Phone No.	Alternate Phone No.
Mailing Address		
E-mail Address:	Town License No.	State Lic. #
ELECTRICAL CONTRACTOR		
Name:	Phone No.	Alternate Phone No.
Mailing Address:		
Email Address:	Town License No.	State Lic. #
MECHANICAL CONTRACTOR		
Name:	Phone No.	Alternate Phone No.
Mailing Address:		
Email Address	Town License No.	

FURNACE/AC	GAS FIREPLACE	GAS LINE	ELECTRICAL	WATER LINE	WORK TO BE DONE IN:
<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> DWELLING
<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> REPAIR	<input type="checkbox"/> REPAIR	<input type="checkbox"/> REPAIR	<input type="checkbox"/> GARAGE
BTU's: _____		<input type="checkbox"/> U/G	<input type="checkbox"/> METER	<input type="checkbox"/> U/G	<input type="checkbox"/> STORAGE SHED
AC Size: _____	LAWN SPRINKLERS			<input type="checkbox"/> BACKFLOW	<input type="checkbox"/> AG EXEMPT BLDG
	<input type="checkbox"/> NEW	PIPE SIZE: _____	<input type="checkbox"/> OVERHEAD		
WOOD STOVE	<input type="checkbox"/> REPAIR	LENGTH: _____	<input type="checkbox"/> U/G	PIPE SIZE: _____	
<input type="checkbox"/> NEW	<input type="checkbox"/> BACKFLOW			LENGTH: _____	
<input type="checkbox"/> REPLACEMENT			AMPS: _____		

TYPE OF SEWER: <input type="checkbox"/> PUBLIC: _____ <input type="checkbox"/> PRIVATE: _____ (SEPTIC) PERMIT # _____	TYPE OF WATER: <input type="checkbox"/> PUBLIC: _____ <input type="checkbox"/> PRIVATE: <input type="checkbox"/> WELL <input type="checkbox"/> CISTERN PERMIT # _____	HEATING PROVIDER: <input type="checkbox"/> NAT. GAS: _____ <input type="checkbox"/> PROPANE: _____ <input type="checkbox"/> ELECTRIC: _____ <input type="checkbox"/> APPLIANCE TYPE: _____	ELECTRIC SERVICE PROVIDER: <input type="checkbox"/> XCEL <input type="checkbox"/> OTHER _____ SIZE OF SVC: _____ AMPS
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★ PERMITS EXPIRE IF NO PROGRESS IS MADE AFTER 180 DAYS OF ISSUANCE AND BETWEEN INSPECTIONS. ★

INCLUDE A DESCRIPTION OF THE WORK BEING DONE LISTING THE INTENDED USE _____

NOTICE: The applicant, his agents, and employees, shall comply with all the rules, restrictions, and requirements of the Town for the 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 any time a violation of the codes or regulations appears to have occurred. By my signature below I agree to pay all fees associated with this application and follow all adopted ordinances and codes adopted by the Town.

APPLICANT INFORMATION AND ACKNOWLEDGEMENT OF NOTICE

Phone:	Email:
Address:	RECEIVE EMAIL NOTIFICATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO
Staff Signature: _____	Applicant Signature: _____
Date: _____	Date: _____