



Building, Zoning, Fire, Demolition, Sign, or Communications Permit Application



Know what's below.
Call 811 before you dig.

Tax ID: _____

Lot Number: _____

Plan: _____



Permit Number: _____
Issue Date: _____
Total Fees: _____

Site Address: _____

Business Name: _____

- Building Zoning Sign Mechanical Fire Demolition Communication Tower/Equipment
- If Zoning, Check Type: Business Occupancy Deck less than 30" above grade Agricultural Building Fence
- Detached Accessory Structure Less Than 1,000 sq' Retaining Wall Less Than 4 feet in Height

Description of Work: _____

Proposed Use: _____

Applicant/Permit Holder: _____ Phone: _____

Address: _____

Email: _____

Property Owner: _____ Phone: _____

Address: _____

Email: _____

Check this box if work is being performed by "self/owner". If not, complete the contractor information below.

Workers Compensation: Yes No If exempt, (contractor with no employees or "self/owner") workers compensation exemption form must be provided.

Contractor: _____ Phone: _____

Address: _____

Email: _____

Estimated Cost of Work: _____ **Height (at the highest point):** _____ **Total Square Feet of Work Area:** _____

