



BUILDING PERMIT APPLICATION

Tax Map Number : 202-____-____-____

Date: _____

Permit Number: _____

Permit Fee : _____

Approved by: _____

Application Number: _____

TO BE FILLED OUT BY PROPERTY OWNER:

Property Owner

Property Address City State Zip Code

(____)____-____ (____)____-____ (____)____-____ _____
Phone Fax Cell Phone Email

Mailing Address if different from above

NAME OF CONTACT/CONTRACTOR IF NOT PROPERTY OWNER:

Name

Address

(____)____-____ (____)____-____ (____)____-____ _____
Phone Fax Cell Phone Email

PROPOSED WORK — CHECK ALL THAT APPLY:

- | | |
|---|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Attached/Detached Garage |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Accessory Structure _____
Description | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Tennis Court |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Bulkhead/Dock |
| | <input type="checkbox"/> Miscellaneous _____ |

PROJECT DESCRIPTION:

