

Date: _____

No.: _____

Permit valid for 1 (one) year.

Owner's Name: _____

Phone H.: (_____) _____

Address: _____

W.: (_____) _____

Address of Project: _____

Zoned: _____

Erect Repair Remodel Addition

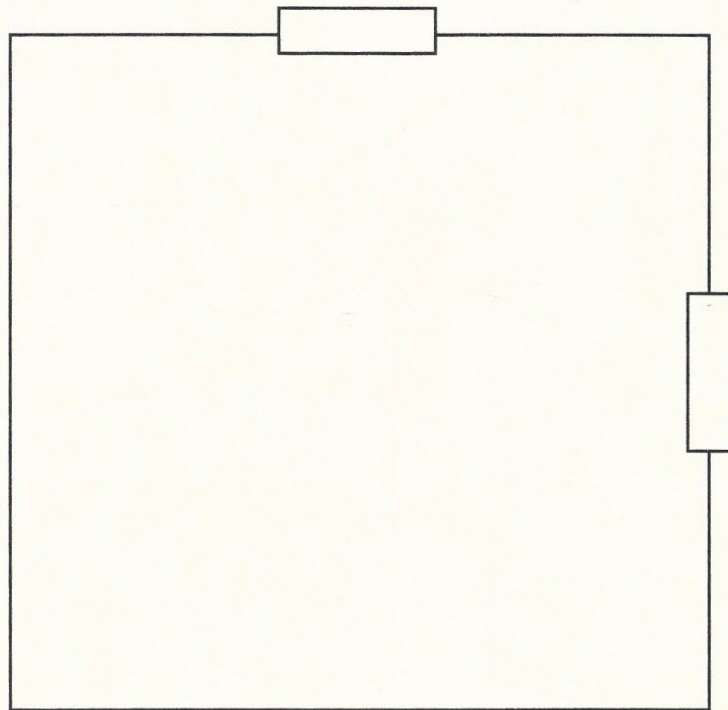
Section: _____

Lot Size: _____ X _____

Lot or Tax No.: _____

APPLICANT WISHES THIS PERMIT TO COVER:

Indicate location and approximate sizes of existing buildings and outline of proposed project with required setbacks.



OTHER PERMITS MAY BE NEEDED

Builder: _____

Owner or Agent: _____

Approved: _____

Received fee: \$ _____

Zoning Inspector

Date: _____