

# RESIDENTIAL BUILDING PERMIT APPLICATION

Check the box for each permit type you are applying for, then complete **ALL FORM FIELDS** in that section. Applications will not be accepted with missing information. Applications are only submitted for review when the Town has received the completed application, any/all supporting documents (i.e., zoning permit, building plans, etc.), and payment.

Parcel No. 002 -	Project Site Address		
Owner's Name		Owner's Phone Number	Owner's Mailing Address (if different from project site)

<b>CONSTRUCTION</b>		<b>PROJECT TYPE:</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> RAZE <input type="checkbox"/> OTHER _____							
CONST Dwelling Contractor		Lic/Cert #	Mailing Address			Phone Number			
CONST Dwelling Contractor Qualifier		Lic/Cert #	Mailing Address			Phone Number			
<b>ZONING:</b>	Permit Req'd? <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Permit #	Zoning District	<b>SETBACKS</b> (FT)	Front	Rear	Left	Right	
Description of <b>CONST</b> work				<b>AREA INVOLVED</b> (SQ FT)	Unfin Bsmt	Living Area	Garage	Deck/Porch	<b>EST. COST</b> \$

<b>ELECTRICAL</b>		<b>PROJECT TYPE:</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> TEMP. <input type="checkbox"/> OTHER _____					
ELEC Contractor		Lic/Cert #	Mailing Address			Phone Number	
ELEC Master Electrician		Lic/Cert #	Mailing Address			Phone Number	
Description of <b>ELEC</b> work					<input type="checkbox"/> New <input type="checkbox"/> Service Change <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<b>AMPS</b> <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> Other _____	<b>EST. COST</b> \$

<b>HVAC</b>		<b>PROJECT TYPE:</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> OTHER _____					
HVAC Contractor		Lic/Cert #	Mailing Address			Phone Number	
Description of <b>HVAC</b> Work			<b>EQUIPMENT TYPE</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> AC <input type="checkbox"/> Radiant Baseboard Heat or Panel	<b>FUEL TYPE</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid <input type="checkbox"/> L.P. <input type="checkbox"/> Elect. <input type="checkbox"/> Solar		<b>EST. COST</b> \$	

<b>PLUMBING</b>		<b>PROJECT TYPE:</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> OTHER _____					
PLUMB Contractor		Lic/Cert #	Mailing Address			Phone Number	
Description of <b>PLUMB</b> Work			<b>EQUIPMENT TYPE</b> <input type="checkbox"/> Water Heater <input type="checkbox"/> Water Softener <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Water Treatment System	<b>FIXTURE(S) INVOLVED</b> <input type="checkbox"/> Toilet <input type="checkbox"/> Shower <input type="checkbox"/> Bathtub <input type="checkbox"/> Whirlpool <input type="checkbox"/> Sink <input type="checkbox"/> Laundry Sink <input type="checkbox"/> Other _____		<b>EST. COST</b> \$	

I understand that I: am subject to all applicable codes, laws, statutes and ordinances; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or the municipality and its agents; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Applicant Name (print)		Applicant Signature			Date
Once issued, send permit via <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL to:	Email or Mailing Address				

## FOR COMPLETION BY PROFESSIONAL STAFF

Permit Fee \$	Payer	Check/Receipt #	Date Paid	Date Submitted for Review
<b>PERMIT ISSUED BY</b>	Name	Cert. #	Application/Permit #	

**REQUIRED INSPECTIONS:**  Footings  Foundation  Framing  Electrical  HVAC  Plumbing  Insulation  Final  Other \_\_\_\_\_

Inspection prerequisites, conditions, requirements, etc.:

Schedule inspections 24-48 hours in advance. Call 920.751.4200 ext. 402 or email [lbending@mcmgrp.com](mailto:lbending@mcmgrp.com) for inspections as indicated above.