TO C	20 62		
Town of			

BUILDING PERMIT

Date	Permit #			
Owners Name	Address			
Telephone #	Zoning District			
Parcel #	Number of Units			
Permit For	Proposed use	Proposed use		
Subdivision	Lot #	Block		
Lot Size	Project area/volume (sq./cubic ft.)			
Estimated Cost	Permit Fee			
*****************	***********************			
Contractor Informa	ation:	*		
Construction	Phone#	Lid#		
Electrical	Phone#	Lie#		
Plumbing	Phone#	Lic#		
HVAC	Phone#	Lic#		
Notes:		,		
*				
A PLAN MUST BE SUB NO WORK SHALL BE	MITTED SHOWING LOT LINES A GIN WITHOUT A BUILDING PERM	AND DIMENSIONS OF THE PROJECT		
Owner or Contractor (sig	m)			
Approved By	Date			