

# City of Montclair Building Department

## Application for Building Permit

### Permit # 26 -

#### Job Location

Date _____	Street Address _____
Business/Project Name _____	

#### Description of Work

<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other
Scope of Work to be Completed (Please be specific) _____
_____
<b>TOTAL CONTRACT</b> price of improvements. \$ _____ Total Sq. Ft. _____

#### Identification

<b>Property Owner</b>			
	Name	Home Phone	Cell Phone
	Street Address	City	Zip Code
	Email Address		
<b>Licensed Contractor</b>			
	Name	Office Phone	Cell Phone
	Street Address	City	Zip Code
	State License Number & Expiration Date	Email Address	
<b>Applicant Information</b>			
	Name	Office Phone	Cell Phone
	Street Address	City	Zip Code
	Applicant Signature	Owner/ Contractor/ Agent/ Other	