

City of Montclair Building Department

Application for Building Permit

Permit # 25 -

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) _____

TOTAL CONTRACT price of improvements. \$ _____ Total Sq. Ft. _____

Identification

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