

BUILDING PERMIT APPLICATION FORM

ACCESSORY BUILDING

(PLAN APPROVAL REQUIRED)

CONTRACTOR NAME: _____ DATE: _____

LICENSE # (COPY OF LICENSE REQUIRED): _____

ADDRESS: _____ PHONE #: _____

OWNER NAME: _____

ADDRESS: _____ PHONE #: _____

TYPE JOB: _____ PROPOSED USE: _____

DIRECTIONS TO JOB FROM BOYDTON: SUBDIVISION NAME: _____ LOT#: _____

BUILDING SIZE: _____ W _____ L

2ND STORY: _____ W _____ L TOTAL SQUARE FEET: _____

COST OF STRUCTURAL: _____ COST OF TOTAL JOB (EST.): _____

NAME OF ELECTRICIAN: _____

LICENSE # (COPY OF LICENSE REQUIRED): _____

NAME OF PLUMBER: _____

LICENSE # (COPY OF LICENSE REQUIRED): _____

NAME OF HEATING & AIR CONTRACTOR: _____

LICENSE # (COPY OF LICENSE REQUIRED): _____

SIZE FLOOR JOIST: _____ RAFTER SIZE OR TRUSSES: _____

NO. OF AMPS: _____ PHASE: _____ VOLTS: _____ COST OF ELECTRICAL: _____

NO. BEDROOMS: _____ NO. BATHROOMS: _____

NO. PLBG. FIXTURES: _____ COST OF PLBG.: _____

TYPE OF HEAT: _____ COST OF HEAT: _____

A/C: _____ COST OF A/C: _____

DISTANCE OFF ALL PROPERTY LINES & OTHER STRUCTURES: PLEASE DRAW ON SEPARATE SHEET

NAME OF APPLICANT: _____ PHONE #: _____

EMAIL ADDRESS: _____ CHECK IN MAIL: _____ PICK UP & PAY: _____

SIGNATURE OF APPLICANT: _____