

BUILDING PERMIT APPLICATION FORM
ADDITION/REMODELING/ACCESSORY BUILDING
(PLAN APPROVAL REQUIRED)

CONTRACTOR NAME: _____ DATE: _____

LICENSE # (COPY OF LICENSE REQUIRED): _____

ADDRESS: _____ PHONE #: _____

OWNER NAME: _____

ADDRESS: _____ PHONE #: _____

TYPE JOB: _____

BEDROOM ADDITION: _____ (IF YES, MUST HAVE HEALTH DEPT. APPROVAL)

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

BUILDING SIZE: _____ W _____ L DECK, PATIO, OR PORCH SIZE: _____

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

HEALTH DEPT. PERMIT #: _____ COST OF JOB (ESTIMATED): _____

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: _____

NO. BEDROOMS: _____ NO. BATHROOMS: _____ NO. PLBG. FIXTURES: _____

FIREPLACE: _____ BASEMENT SIZE: _____

TYPE OF HEAT: _____ A/C: _____

GARAGE: _____ CARPORT: _____ SIZE: _____

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: _____