



PERMIT REQUEST FORM

PLEASE PRINT CLEARLY

CUSTOMER NAME _____ **DATE** _____

ADDRESS _____

HOME PHONE _____ **WORK OR MOBILE PHONE** _____ **FAX** _____

CONTRACTOR NAME _____ **CONTRACTOR STATE LICENSE #** _____

ADDRESS _____

OFFICE PHONE _____ **MOBILE PHONE** _____ **FAX** _____

RESIDENTIAL **COMMERCIAL**

INSIDE CITY LIMITS
 YES **NO**

OUTSIDE CITY LIMITS
 IF SEWER NOT AVAILABLE, MUST HAVE HEALTH DEPT. RELEASE FOR SEPTIC SYSTEM

 MUST HAVE PERMIT FOR COUNTY FOR CULVERT

 IF IN DIST. 31, MUST HAVE LAND USE PERMIT FROM COUNTY

TYPE OF PERMIT REQUESTED (CHECK ONLY ONE)

NEW CONSTRUCTION **DEMOLITION** **MANUFACTURED HOME**
 MISCELLANEOUS **MOVING** **SIGN**

COST OF JOB(FOR ANY TYPE PERMIT) _____

INFORMATION NEEDED FOR PERMIT

NEW CONSTRUCTION	2 SETS OF PLANS (BLUE PRINTS/COMMERCIAL MUST HAVE ENGINEER'S STAMP) 1 COPY OF PLOT PLAN (STRUCTURE ON PLOT PLAN SHOWING SETBACKS) 1 COPY OF SUBCONTRACTORS LIST
DEMOLITION	1COPY OF PLOT PLAN OF LAND
MANUFACTURED HOME	1 COPY OF PLOT PLAN OF LAND SHOWING SETBACKS 1 COPY OF SPECIFICATIONS OF HOME I COPY OF CONTRACTORS LICENSE (STATE & CITY)
MISCELLANEOUS	(ADDITION, UPGRADE,REPAIRS, REMODEL,FENCING,ETC.) 1 COPY OF PLOT PLAN 1 COPY OF LICENSE
MOVING	1 COPY OF PLOT PLAN ADDRESS MOVING FROM AND ADDRESS OF DESTINATION COPY OF MOVERS LICENSE
SIGN	1 COPY OF PLOT PLAN 1 COPY OF SITE PLAN 1 DRAWING OF SIGN INCLUDING DIMENSIONS