

TOWN OF OACOMA
BUILDING PERMIT APPLICATION
 EACH BUILDING SITE MUST HAVE A SEPARATE SITE PLAN

OWNER

Permit Number:

Applicant to complete numbered spaces only:

Job Address			
1. Legal Description	Township	Section	Legal
2. Owner	Mail Address	Zip	Phone
3. Contractor	Mail Address	Zip	Phone
4. Architect or Designer	Mail Address	Zip	Phone
5. Use of Building			
6. Class of Work (Circle One)	NEW	ADDITION	ALTERATION REPAIR MOVE REMOVE
7. Describe Work:			
8. Valuation of Work: \$			
9. SPECIAL CONDITIONS:			

Total Fees:

Application Accepted By:	Site Plans Checked By:	Recommended For Issuance By:		PERMIT FEE:
10. NOTICE THIS PERMIT WILL EXPIRE IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN ONE HUNDRED AND EIGHTY (180) DAYS. IF WORK OR CONSTRUCTION IS NOT SUBSTANTIALLY COMPLETED WITHIN (TWO) 2 YEARS OF ISSUANCE, THIS PERMIT WILL EXPIRE. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.			Type of Const.	Utility Fees: Water Deposit _____ Sewer Deposit _____
			(Total) Sq. Ft.	Tap in _____ Tap In _____
			Use Zone	No. of Stories
			No. of Dwelling Units	OFF-STREET PARKING SPACES: Covered _____ Uncovered _____
Signature of Contractor or Authorized Agent _____ Date _____ Signature of Owner (If Owner Builder) _____ Date _____			FOR CITY OFFICIALS USE ONLY - WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT THE ABOVE APPLICATION IS HEREBY APPROVED BUILDING PERMIT NUMBER: _____ Zoning Administrator or Authorized Representative _____ Date _____	