

ACCESSORY BUILDING PERMIT APPLICATION

PERMIT # _____
(Office Use Only)

1) APPLICANT _____ PHONE # (_____) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

2) PROPERTY OWNER _____ PHONE # (_____) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

3) SITE LOCATION (ROAD NAME & CITY) _____

4) PARCEL NUMBER FOR PROPERTY _____ LOT SIZE _____

5) NAME OF SUBDIVISION (IF APPLICABLE) _____

6) CONTRACTOR _____ CONTACT# (_____) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

7) INTENDED USE OF BUILDING (BE SPECIFIC) _____

8) SIZE OF BUILDING _____

9) SEPTIC PERMIT # (IF APPLICABLE) _____

10) IS THERE A RESIDENCE LOCATED ON THE PARCEL? _____ YES _____ NO

11) CONSTRUCTION TYPE: _____ POLE BUILDING

_____ STICK FRAME

_____ DIRT FLOOR

_____ CEMENT FLOOR

12) Project Value: \$ _____

I ACKNOWLEDGE THAT THE INTENDED USE AND SIZE OF THE BUILDING STATED ABOVE IS TRUE AND ACCURATE AND THAT ANY ALTERATIONS MADE TO THE BUILDING CHANGE IN USE, OR INCREASE IN SIZE WILL REQUIRE FURTHER PERMITS.

SIGNATURE OF PROPERTY OWNER

DATE

(PLANNING AND BUILDING SERVICES USE ONLY)

ZONE _____ LOT SIZE (ACTUAL) _____ LOT SIZE (MINIMUM) _____

SETBACKS (ACTUAL) FRONT _____ SIDE _____ / _____ REAR _____ (MINIMUM) FRONT _____ SIDE _____ REAR _____

FLOOD PLAIN DEVELOPMENT PERMIT REQUIRED? YES _____ NO _____ PERMIT # _____

COMMENTS: