

BUILDING PERMIT APPLICATION FORM
STORAGE BUILDING
(PLAN APPROVAL REQUIRED)

CONTRACTOR NAME: _____ DATE: _____

LICENSE # (COPY OF LICENSE REQUIRED): _____

ADDRESS: _____ PHONE #: _____

OWNER NAME: _____

ADDRESS: _____ PHONE #: _____

TYPE JOB: _____

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

BUILDING SIZE: _____ W _____ L _____ H TOTAL SQUARE FEET: _____

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. PLBG. FIXTURES: _____ WINDOW 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: _____