

Town of Johnsburg Building Permit Application

OWNER / APPLICANT INFORMATION			
Property Owner Name _____	Date _____		
Address 1 _____	Day Phone _____		
Address 2 _____	Eve Phone _____		
City _____	State _____ Zip _____		
Applicant (if not owner) _____	Phone _____		
Email _____			
Tax Map # _____	Lot Size _____		
Location of Property _____			
Est. Cost of Construction _____	Sq. Footage _____		
Est. Completion Date _____	<input type="checkbox"/> Private <input type="checkbox"/> Commercial		
Will this building be a primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			

STRUCTURE INFORMATION				
<u>Building</u>	<u>Style</u>	<u>Construction</u>	<u>Exterior</u>	<u>Basement</u>
<input type="checkbox"/> Single Dwelling	<input type="checkbox"/> Ranch	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Siding	<input type="checkbox"/> Full
<input type="checkbox"/> Double Dwelling	<input type="checkbox"/> Raised Ranch	<input type="checkbox"/> Frame	<input type="checkbox"/> Shingles	<input type="checkbox"/> Half
<input type="checkbox"/> Duplex Dwelling	<input type="checkbox"/> Split Level	<input type="checkbox"/> Brick	<input type="checkbox"/> Stucco	<input type="checkbox"/> Quarter
<input type="checkbox"/> Apartment Bldg.	<input type="checkbox"/> Cape Cod	<input type="checkbox"/> Tile	<input type="checkbox"/> Paper	<input type="checkbox"/> Floor
<input type="checkbox"/> Condominium	<input type="checkbox"/> Colonial	<input type="checkbox"/> Steel	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Laundry
<input type="checkbox"/> Town House	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Reinf. Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Rec. Room
<input type="checkbox"/> Office Bldg.	<input type="checkbox"/> Mansion	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Log	<input type="checkbox"/> Finished
<input type="checkbox"/> Store	<input type="checkbox"/> Old Style		<input type="checkbox"/> Composite	<input type="checkbox"/> Walk Out
<input type="checkbox"/> Hotel	<input type="checkbox"/> Cottage		<input type="checkbox"/> Brick	
<input type="checkbox"/> Motel	<input type="checkbox"/> Row		<input type="checkbox"/> Other (Specify) _____	
<input type="checkbox"/> Factory	<input type="checkbox"/> Log Cabin	<u>Dimensions</u>		<u>Porches</u>
<input type="checkbox"/> Shop	<input type="checkbox"/> Bungalow	Overall: _____		# Closed _____
<input type="checkbox"/> Church	<input type="checkbox"/> Townhouse	# of Floors _____		# Open _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Other (Specify) _____		<u>Heating</u>	Other (Specify) _____
<input type="checkbox"/> Warehouse		<u>Rooms</u>	<input type="checkbox"/> No Central	
<input type="checkbox"/> Storage		Total # all rooms _____	<input type="checkbox"/> Hot Water	
<input type="checkbox"/> Deck	<u>Plumbing</u>	Excl. bath _____	<input type="checkbox"/> Solar	<u>Outbuildings</u>
<input type="checkbox"/> Addition	Type: _____	# Bedrooms _____	<input type="checkbox"/> Hot Air	<input type="checkbox"/> Garage
<input type="checkbox"/> Other (Specify) _____	# Baths _____	Kitchen? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Oil	<input type="checkbox"/> Barn or Shed
_____	# Toilets _____		<input type="checkbox"/> Gas	<input type="checkbox"/> Pool
_____	# Faucets _____	<u>Fire Place</u>	<input type="checkbox"/> Electric	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Radiant	

IF APPLICABLE

Architect or Engineer _____

Address 1 _____

Phone _____

Address 2 _____

City _____

State _____

Zip _____

General Contractor _____

Address 1 _____

Phone _____

Address 2 _____

City _____

State _____

Zip _____

Electrical Contractor _____

Address 1 _____

Phone _____

Address 2 _____

City _____

State _____

Zip _____

NARRATIVE

(Please describe what is to be done.)

Plans and specifications MUST accompany this application:

Please provide design plans for construction by attaching to this application and 8 1/2" x 11" copy of plan or a sketch of a detailed diagram

Please provide the name of street, correct distance from foundation to lot lines, including frontage (side and rear distances). Indicate where water supply and sewer lines are or will be located including distance apart, depth, etc. If construction is to be an addition to an existing building or an accessory building (garage, storage shed, etc.) indicated the size of current building and distance from foundation to lot lines or addition and/or accessory building

SIGNATURE

It is my understanding Town Officials will be inspecting my site periodically. Further I understand that Federal law makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction. By submitting this form, I certify that the above information is true and complete to the best of my knowledge and belief.

Name _____

Date _____

PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all set-back dimensions from property lines. Give lot and block numbers or description according to deed, and show street names. Indicate whether interior or corner lot. Section _____ Block _____ Lot _____