

Date: _____	Approved	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Cost Estimate: _____	Fee: _____
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Building Permit Application

Town of Shapleigh

Applicant Information

Full Name: _____ Phone: _____
Last First

Address: _____
Street Address

_____ *City State ZIP e-mail address*

Property Information

Map-Lot-Num: _____ Address: #####

YCRD Book Page: _____ Subdivision? YES NO Name: _____

Road LF: _____ Area SF: _____ Tree Growth? YES NO Zone: _____

Project Description

Description

Square Foot	Unfinished	Conditioned	Unfinished	Conditioned
Attic	_____	_____	Garage	_____
Second Floor	_____	_____	Deck	_____
First Floor	_____	_____	Accessory	_____
Basement	_____	_____	Other Existing	_____
Breezeway	_____	_____	Total	_____

Set-Backs

Center of Road - Front: _____ Left: _____ Right: _____ Rear or Water: _____

Is there more than one use for this property? YES NO Proposed Use _____

Are there deed restrictions on this property? YES NO Restrictions _____

I hereby certify that I am the Owner of record of the named property, or that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Offices' authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Owner Signature: _____ Date: _____

Applicant: _____ Date: _____

Building Permit	Growth Permit	Plumbing Permit	Septic Permit
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Contractor Information

General: _____ License #: _____

Address: _____

Phone: _____ Email: _____

Plumbing: _____ License #: _____

Address: _____

Phone: _____ Email: _____

Heating: _____ License #: _____

Address: _____

Phone: _____ Email: _____

Electrical: _____ License #: _____

Address: _____

Phone: _____ Email: _____

Foundation: _____ License #: _____

Address: _____

Phone: _____ Email: _____

Insulation: _____ License #: _____

Address: _____

Phone: _____ Email: _____

Septic Site: _____ License #: _____

Address: _____

Phone: _____ Email: _____

Well Driller: _____ License #: _____

Address: _____

Phone: _____ Email: _____