

# Boundary Permit Application

Please note that there is no fee for this permit

Date: \_\_\_\_\_ Application Number \_\_\_\_\_

Project Address: \_\_\_\_\_ City: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone#:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

\_\_\_\_ Contractor  
License \_\_\_\_\_ License class: \_\_\_\_\_  
Company/Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

\_\_\_\_ Owner-Builder  
Phone #:(\_\_\_\_) \_\_\_\_\_  
Fax #:(\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Business License #: \_\_\_\_\_

### Description of Building: (Please fill-in and mark all that apply)

Office/Professional  Single Family  Duplex  Townhouse  Condominium  Apartment Building  
 Hotel/Motel  Amusement/Recreation  Industrial  Service Station  Medical Building  
 Restaurant  Accessory Building  Historical  Education/School  
 City/County Owned  Church/Assembly  Store  Other \_\_\_\_\_

Building Area: \_\_\_\_\_ Sq. Ft. Building Height: \_\_\_\_\_ Ft. Stories: \_\_\_\_\_

Existing: Floor Area \_\_\_\_\_ Garage \_\_\_\_\_ Other \_\_\_\_\_ # Units \_\_\_\_\_

Additional Proposed: Floor Area \_\_\_\_\_ Garage \_\_\_\_\_ Other \_\_\_\_\_ # Units \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_

Lot Size (Sq. Ft.): \_\_\_\_\_ Lot Dimensions (Front/Side/Rear): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Coverage %: \_\_\_\_\_

Setbacks: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

Easements: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Sewer: Yes/No Water : Yes/No

Circle one Circle one

If you answered yes to water or sewer above, please complete a water and/or sewer permit applications.

### Important - Please read before signing

Additional Town Permits are required for water & sewer hookups. Plumbing from tap to meter shall not be covered until such work has been inspected and approved. Separate permits are required for electrical, from the State Fire Marshals office. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if work or construction is suspended or abandoned for a period of 180 days at any time after work has commenced. I Herby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances covering 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 state of local law regulating construction.

I, \_\_\_\_\_ certify that:

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. I have authority to bind the corporation or partnership (if applicable).

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

### 24 Hour Notice is Required For Inspection

Inspected By: \_\_\_\_\_

Date: \_\_\_\_\_

Boundary Permit Final Inspection

Owner: \_\_\_\_\_

Location: \_\_\_\_\_

A boundary permit final inspection will be required at the completion of your project.

Please contact the Town Hall when project is complete. As a reminder, this permit becomes null and void if work or construction authorized is not commenced within 180 days, or if work or construction is suspended or abandoned for a period of 180 days at any time after work has commenced.

Date Permit Application signed: \_\_\_\_\_

180 days: \_\_\_\_\_

Final inspection completed.

Date: \_\_\_\_\_ Signed by Owner: \_\_\_\_\_

Date: \_\_\_\_\_ Signed by Town Public Works: \_\_\_\_\_