

AFTON BUILDING PERMIT APPLICATION

Main Office 436-5090

Building Official/Inspections: 436-6469

No. _____

Project Address (if known)	Street	City	State	Zip
Legal Description and Parcel Identification Number			P.I.D.	
Owner Name	Street	City	State	Zip
Contractor Name	Street	City	State	Zip
Contractor's State License Number (If Required)		Expiration Date		Phone
Use of Building		Completed Valuation (Include Labor and Materials)		
Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Alter <input type="checkbox"/> Repair <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish <input type="checkbox"/> Remodel				
Total Building Area:	Bsmt.	1st	2nd	No. of Bathrooms
	Garage	Open Porch	Deck(s)	Crawlspace
Describe Work:				
<p>NOTICE: Separate permits are required for electrical works and installation of septic systems. The permit will become null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. Permit is valid for 1 year, all work must be complete within 1 year unless extension is applied for and approved.</p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing 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 other state or local law regulating construction or the performance of construction. This building permit may be suspended or revoked if the permit has been issued in error or on the basis of incorrect or insufficient information or in violation of any ordinance or regulation of the City of Afton.</p>				
Signature of Applicant (Owner or Contractor)			Date	

Fees due and payable to: City of Afton

Building Permit	\$ _____
Inspection Fee	\$ _____
Surcharge	\$ _____
Park Fee	\$ _____
Plumbing	\$ _____
HVAC	\$ _____
TOTAL:	\$ _____

Building Permit Approval	
by: _____	Date: _____
Building Official	

Date Paid	_____
Amount	_____
Check #	_____
Recvd. by	_____