



Application For Building Permit

Date: _____ Lot # _____ Street Address: _____

Owner Information: Name _____
Address _____
City _____, St. ____ Zip _____
Phone: _____
Phone: _____

Architect or Designer: Name _____
Address _____
City _____, St. ____ Zip _____
Phone: _____
Phone: _____

Builder: Name _____
Address _____
City _____, St. ____ Zip _____
Phone: _____
Phone: _____

<p>Type of Construction:</p> <ul style="list-style-type: none"><input type="checkbox"/> Residence<input type="checkbox"/> Boathouse/Slip<input type="checkbox"/> Remodel/Repaint<input type="checkbox"/> Landscape<input type="checkbox"/> Deck<input type="checkbox"/> Other _____

<p>Attachments Include:</p> <ul style="list-style-type: none"><input type="checkbox"/> Site Plan<input type="checkbox"/> Foundation Plan<input type="checkbox"/> Floor Plans<input type="checkbox"/> Elevation Drawings<input type="checkbox"/> Material Samples<input type="checkbox"/> Other _____
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<p>ARC use only: Date Rec'd ___/___/___ Date Reviewed ___/___/___ Approved: _____ Disapproved: _____ PERMIT NO. # _____</p>
