

MISCELLANEOUS PERMIT APPLICATION

Received _____ 20__

Permit# _____

Approved _____ 20__

Code Enforcement Officer

Last Name (Property Owner) _____

First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone# _____ Business Phone# _____

Tax Map Description: Section _____ Block _____ Lot _____

Builder or Contractor _____

Dimensions of Structure: Depth _____ Width _____ Height _____

Total Square Feet _____ Number of Stories _____ Intended Use _____

Located at: (Name of Road) _____

Signature of Applicant _____

Applicant/Builder/Contractor Name_____

Mailing Address_____

Telephone_____

I have workers' compensation insurance – Policy #_____

I do not need workers' compensation because status is individual
owner or partner with no employees and not a corporation

I have disability benefits insurance – Policy #_____

I do not need disability benefits insurance because status is individual
owner or partner with no employees and not a corporation.

Date_____Signature_____

(Applicant/Builder/Contractor)

Date_____Signature_____

(Property Owner)