



OFFICE USE ONLY
Date: _____
Application #: _____

MISCELLANEOUS PERMIT APPLICATION

1) Property owner: _____
 Mailing Address: _____
 Phone #: _____ Email Address: _____

2) Site Location: _____
 Tax Map Section: _____ Block: _____ Lot: _____

3) Dimensions of structure: Depth: _____ Width: _____ Height: _____ Total square feet: _____
 Number of stories: _____ Intended use: _____

4) Builder/Contractor name: _____
 Mailing Address: _____
 Phone #: _____

5) Does this project require electric or heat? YES/NO (circle one)

6) ___ I have Workers' Compensation insurance – Policy #: _____
 ___ I do not need Workers' Compensation because status is an 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 of Applicant/Builder/Contractor

 Date

 Signature of Owner

 Date

 Code Enforcement Officer