



Town of Granville Application for Building Permit

Application Date _____ **Type of Work:** Electrical Plumbing Demo **Is Applicant Owner?**

____/____/____

- Deck Mechanical Grading Asbestos Yes
 Remodel or Repair Shed Other No

Parcel Type: Residential Rental/ Commercial Industrial

PROPERTY INFORMATION:

Street Address Where Work is being done:		Zip Code:
Owners First Name:	Last Name:	Phone:
Owners Address (if different from above address):		

CONTRACTORS INFORMATION:	Contractors Business Name	City License Number
General Contractor		
Excavation		
Concrete		
Carpentry		
Electrical		
Plumbing		
Sewer		
Mechanical		
Roofing		
Masonry		
Drywall/Lathing		
Demolition		
Other		

SCOPE OF WORK TO BE DONE:

Detailed Description of Work:

<p>MUST ATTACH DETAILED SITE PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO Est. Value of Work \$</p>
--

I here by certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to this permit.

SIGNATURE OF APPLICANT _____ **ADDRESS OF APPLICANT** _____ **PHONE** _____

PRINT NAME: _____

OFFICE USE ONLY:

Map/Parcel	Zoning	Ward	Flood Plain

APPROVALS:

Engineering Department Approval Notes:

Signature of person reviewing: _____ **DATE**

Planning Department Approval Notes:

Signature of person reviewing: _____ **DATE**

Code Enforcement Approval Notes:

Signature of person reviewing: _____

Fire Department Approval Notes:

Signature of person reviewing: _____ **DATE**

Plan Review Fee:	\$75.00
Permit Fee:	
Other:	
Stop Work Order:	

Application Accepted and Processed By: _____

Total Fee

Submitted at council meeting: _____ **DATE**

Signature of Person Picking Up Building Permit: _____ **DATE**

Print Name of Person Picking up Permit: _____