

TOWN OF NUNN

Permit # _____

Property Owner		Phone	
Mailing Address			
Contractor-General		Phone	
Contractor Mailing Address		E-mail address:	
Electrical			
Plumbing		Heating	
Job Site Address			
Subdivision		Filing	Lot
Distance from Property Lines: N _____ S _____		Corner Lot: Yes / No E _____	Walkout Basement: Yes / No W _____
Required setbacks (for office use only) N _____ S _____ E _____ W _____			

IMPORTANT – COMPLETE ALL ITEMS AND MARK ALL APPLICABLE BOXES

<p><u>Type of Improvement</u></p> <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Other _____	<p><u>PROPOSED USE:</u></p> <p><u>Commercial / Industrial</u></p> <input type="checkbox"/> Shell Only <input type="checkbox"/> Tenant Finish Business Name: _____ <input type="checkbox"/> Remodel /Addition <input type="checkbox"/> New Building Electrical Valuation \$ _____	<p>(Office Use Only) Valuation _____</p> <p><u>FEES</u> Total SAFEbuilt \$ _____ Total Town \$ _____ Total Fees \$ _____</p>
<p><u>Estimated Value</u> (materials & labor) \$ _____</p> <p><u>Type of Heat</u> _____</p> <p><u>Type of Mechanical</u> _____</p> <p><u>Type of Sewage Disposal</u> Public _____ Septic tank _____</p> <p><u>Water Supply</u> Tap Size _____ Supplier _____</p> <p><u>Type of Construction</u> Wood Frame _____ Structural Steel _____ Other _____</p>	<p><u>Residential</u></p> <input type="checkbox"/> Residential - One Family ___ Duplex ___ Multi Family – Enter number of units - _____ <input type="checkbox"/> Hotel, motel, or dormitory-Enter number of units - _____ <input type="checkbox"/> Garage – Single ___ Double ___ Attached ___ Detached ___ <input type="checkbox"/> Other _____	<p>Lot Square Feet _____ Zoning _____ Open Space _____ Use _____</p>
	<p><u>Residential Only</u> # of Bedrooms _____ # of Baths Full ___ 3/4 ___ 1/2 ___</p> <p>New Master Plan Review Same As Plan Review Yes ___ No ___ Yes ___ No ___</p> <p><u>MISCELLANEOUS</u> Number of stories _____ Total Land area _____ Building Height _____ Parking Spaces _____</p> <p><u>DESCRIPTION OF WORK:</u> Describe in detail the proposed use (or proposed business name & product), type of construction, dimension, square footage, and materials, etc.: _____ _____ _____ _____ _____</p>	<p><u>SQUARE FOOTAGE</u></p> Main Floor _____ Add. Floors _____ UF Basement _____ Fin Basement _____ Crawlspace _____ Covered Porch _____ Decks _____ Garage _____ Other _____

NOTICE

The applicant, his agents and employees shall comply with all the rules, restrictions and requirements of the Town and Building Codes governing location, construction and erection of the above proposed work for which the permit is granted. The Town or its agents are authorized to order the immediate cessation of construction at anytime a violation of the codes or regulations appears to have occurred. Violation of any of the applicable codes or regulations may result in the revocation of this permit.

Buildings **MUST** conform with plans, as submitted to the Town. Any changes of plans or layout must be approved prior to the changes being made. Any change in the use or occupancy of the building or structure must be approved prior to proceeding with construction.

The applicant is required to call for inspections at various stages of the construction, and in accordance with the aforesaid requirement, the applicant shall give the building inspector not less than one day's notice to perform such activities.

In the event construction is not commenced within 180 days of issuance of this permit, then the same is automatically void. Cessation of work for a period of 180 continuous days shall also cause this permit to be void. Permits are not transferable. Fees on voided permits are non-refundable.

Signature of Applicant		Date	
Building Inspector Plan Review	Date	Approved by Town Official	Date