## TOWN OF PAONIA

## **BUILDING PERMIT APPLICATION**

DATE	PERMIT #		
OWNER:		PHONE:	
ADDRESS:			
CONTRACTOR (if applica ADDRESS:	ble):		
WORK TO BE DONE AT:_			
LOT SIZEZONING			
DESCRIPTION OF WORK	::		
NEW CONSTRUCTION_	ADDITION	NREPAIR	
CONVERSION MOV	/E DEMOI	LITION	
REROOF(Requires	inspection before p	permit is issued.)	
OTHER			
SIZE: HEIGHT	WIDTH	LENGTH	
NUMBER OF STORIES	TOTAL F	LOOR AREA	_
SETBACKS: FRONT	REAR	SIDES	
CONSTRUCTION VALUE	: \$	(Total value of com	pleted structure and work)
NUMBER OF RESIDENTI TYPE OF CONSTRUCTIO	AL UNITS N		

## NOTICE:

Permit good for one (1) year. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of the Laws and Ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

No building material or rubbish will be allowed on any street, avenue or sidewalk without special permission from the Paonia Building Inspector.

## FEES PAID HEREUNDER ARE NON-REFUNDABLE UPON ISSUANCE OF PERMIT

SIGNATURE:	DATE ContractorAuthorized Agent				
Owner	Contractor	Authorized Agent			
valid permit is issi inspections, arrang	ued. Building Offic	cial is available on Mondays ar own Hall, 527-2487 or 527-410	s. No work shall be started until a nd Thursdays. For required 01. Allow 48 hours notice, please!		
******	********	Oo Not Fill Out Below*****	**********		
		tion, the following inspections			
Site Inspection Roof Covering Final Othe	Footer/slab Insulation_ r	Foundation/Stemwall Sheetrock Nailing_	Framing		
INSPECTOR ON	LY: Occupancy Cla	ass			
Plans Required Ye	es No	Comments			
Plans Checked by	:				
Application Appro	oved Yes	No Comments			
Inspector:		Date:			
BUILDING PERI	MIT FEE \$				