

TOWN OF WELLINGTON

PERMIT # _____

PROPERTY OWNER		PHONE	
MAILING ADDRESS			
CONTRACTOR-GENERAL		PHONE	
CONTRACTOR MAILING ADDRESS		MOBILE	
ELECTRICAL		PH() -	
PLUMBING	PH() -	HEATING	PH() -
ADDRESS JOB SITE			
SUBDIVISION		LOT	BLOCK
Distance from Lot Lines: Corner Lot: Yes / No			
N _____	S _____	E _____	W _____
Required setbacks (for office use only)			
N _____	S _____	E _____	W _____

IMPORTANT - COMPLETE ALL ITEMS AND MARK ALL APPLICABLE BOXES

<p>TYPE OF IMPROVEMENT</p> <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel \ Finish <input type="checkbox"/> Sprinkler system <input type="checkbox"/> Fence <input type="checkbox"/> Other _____	<p>PROPOSED USE</p> <p><u>Commercial</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 \$ _____ <input type="checkbox"/> Fire Department Review _____	<p>Valuation _____</p> <p>FEES</p> <p>Building Permit _____ Electrical _____ C. Meter _____ Plan Review _____ Other _____</p> <p>Total SAFEbuilt _____</p> <p>Use Tax _____ County Tax _____ Water Tap _____ Raw Water Fee _____ Sewer Tap _____ Storm Drain _____ Town _____ Authority _____ Subtotal _____</p> <p>Park Impact _____ Road Impact _____ Library Impact _____ School Fee _____ Admin Fee _____ Other _____</p> <p>TOTAL FEES \$ _____</p> <p>SQUAR FOOTAGE</p> <p>Main Floor _____ Add. Floors _____ Basement _____ Unfinished _____ Finished _____ Crawlspace _____ Covered Porch _____ Decks _____ Garage _____</p>
<p>ESTIMATED VALUE (Materials, labor, and profit)</p> <p>\$ _____</p> <p>Type of Heat _____</p> <hr/> <p>Type of Mechanical _____</p> <hr/> <p>Type of Sewage Disposal _____</p> <hr/> <p>Water Supply _____</p> <p>Tap Size _____</p> <p>Type of Construction _____</p> <p>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><u>Residential Only</u></p> <p># 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></p> <p>Number of stories _____ Total Land area _____ Parking Spaces Enclosed ____ Outdoors ____</p> <p><u>Other Information</u> Describe in detail the proposed use (or proposed business name & product), type of construction, dimension square footage, and material, etc.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

NOTICE

The applicant, his agents and employees shall comply with all the rules, restrictions and requirements of the Town of Wellington 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 codes or regulations applicable 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 rule, 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.

2010

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