TOWN OF ALTO PERMIT APPLICATION

APPLICANT NAME & MAILING ADDRESS:	**PERMIT #:** **TYPE: ___ GENERAL / ___ ELECTRICAL / ___ HVAC / ___ PLUMBING / ___ OTHER**
911 ADDRESS:	**PHONE # / EMAIL:**
IS THE APPLICANT THE PROPERTY OWNER? **____ YES _____ NO** **IF NOT PLEASE LIST CONTACT INFO HERE**	**PROPERTY OWNER:**
ACREAGE:	**IS THERE A CREEK / STREAM?**
IS THERE A STRUCTURE ALREADY THERE? **IF YES, PLEASE DESCRIBE:**	**PLEASE DESCRIBE WORK TO BE DONE:**
CONTRACTOR NAME & CONTACT INFO: **_____** **____ ATTACH COPY OF PHOTO ID / LICENSE** **____ ATTACH COPY OF CONTRACTOR LICENSE OR CERTIFICATION**	**SIZE OF PROJECT: (O)OPEN OR (C) CLOSED** **PORCH _____ X _____ = _____ SQ. FT. ___** **DECK _____ X _____ = _____ SQ. FT. ___** **GARAGE _____ X _____ = _____ SQ. FT. ___** **BASEMENT _____ X _____ = _____ SQ. FT. ___** **CARPORT _____ X _____ = _____ SQ. FT. ___** **ADDITION _____ X _____ = _____ SQ. FT. ___** **REMODELING _____ X _____ = _____ SQ. FT. ___**
ESTIMATED START DATE: _____ **ESTIMATED ENDING DATE: _____**	**MAP & PARCEL: _____ COUNTY: _____** **ESTIMATED COST: _____**

APPLICATION IS HEREBY MADE ACCORDING TO THE LAWS, ORDINANCES AND RESOLUTIONS OF THE TOWN OF ALTO TO CONSTRUCT AND/OR OCCUPY AND USE THE STRUCTURE DESCRIBED ON THIS APPLICATION AND ATTACHMENTS. EROSION CONTROL MUST BE IN PLACE. IF A PERMIT IS ISSUED, I AGREE TO CONFORM TO ALL LAWS, ORDINANCES AND RESOLUTIONS REGULATING THE SAME. BY MY SIGNATURE BELOW, I CERTIFY THAT THE APPLICATION AND ATTACHED DATA IS TRUE AND CORRECT.

_____ _____
APPLICANT DATE

_____ _____
ADMINISTRATION TOTAL PAID

TOWN SEAL:

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