

PERMIT NO: _____ DATE: _____ RECEIVED BY: _____

FEE AMT: _____ CHECK NO: _____ CASH: _____

TOWN OF GALENA ZONING PERMIT APPLICATION

Property Owner or Agent (printed) _____

NOTE: Agent shall provide a letter from the owner authorizing that they may act on his behalf.

Contractor's MHBR Registration Number: _____ **Expiration Date:** _____

Address: Street _____ City _____ State _____ Zip _____

Phone: Day _____ Cell _____ Fax _____

Email: _____ **Note:** Provide a copy of the contractor's license.

Property Information:

Zoned: _____ Tax Map: _____ Parcel: _____ Lot: _____ Subdivision: _____

Property Address: Street _____ City _____ State _____ Zip _____

Type of Structure:

Accessory Bldg. ___ Addition ___ Apartment Bldg. ___/No. of Units ___ Deck/Porch ___

Demolition ___ Fence ___ Fireplace ___ Garage/Carport ___ Industrial Bldg. ___

Manufactured Dwelling ___ Pool ___ Single Family Dwelling ___ / No. of Bedrooms ___

Single Family Dwelling ATTACHED – Townhome ___ / # bedrooms ___ Condo ___ /# bedrooms ___

Two Family Dwelling (not over 2 bedrooms per unit) ___ Renovations ___ Solar Rooftop _____

Windows (U-Factor less than 0.36 Required) _____ Other: _____

Set Back: Front _____ Side _____ Rear _____

Square Footage: _____ **Estimated Value of Work:** _____

Description: _____

Construction Plans: Submit two (2) sets of construction plans.

Site Sketch: Show street names, lot dimensions, exact location and size of proposed and existing structure(s) location and width of existing and/or proposed driveways, distance to adjacent buildings (if any). Label existing use and intended use of each building. Stake out location of buildings so the location can be determined in relation to water and sewer pipes. ATTACH a photo of the site.

Applicant/Agent's Signature: _____ **Date:** _____

Applicant hereby agrees to comply with all regulations applicable hereto and further agrees that any misstatements or misrepresentation of facts or any other change within the approval of the agencies concerned shall constitute sufficient grounds for denial for the permit.

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Approved: _____ **Date:** _____
Sharon Weygand, Zoning Administrator

Permit No: _____ **Permit Expiration Date:** _____

Conditions: _____

Demolition Only Water/Sewer Capped YES / NO

W/S Superintendent Verified _____ Date: _____

Copy of Contractor's License YES / NO