

Permit #: _____



Zoning District: _____

Building Permit Application

The Undersigned Hereby Applies for a Permit To:

- _____ Construct a New Building/Home
- _____ Alter a Building/Home
- _____ Accessory Building/Garage
- _____ Deck/Carport/Other

Intended Use:

Residential: _____ Commercial: _____

Job Address:

Street Address: _____

Addition: _____ Block: _____ Lot: _____

Set Backs:

Front: _____ Side: _____ Side: _____ Rear: _____

Show Dimensions and Position of Structure on Lot, Including distances from all lot lines.

Description of the type of work being done:

Size: _____ X _____

Height: _____

of Stories: _____

Total Sq Ft: _____

1st Floor sq ft: _____

2nd Floor sq ft: _____

Basement sq ft: _____

finished unfinished

Value of Construction: \$ _____

(Includes general, electric, plumbing, mechanical etc.)

OFFICE USE ONLY

FEES

Total Building Permit Fee: \$ _____
Based on construction value: \$10 for first \$10,000, \$1.00 for every \$1,000 with maximum of \$1,000. (Paid when permit is submitted.)

Paid: _____ Date: _____ Cash Check Number _____

Tap Fees:

Sewer Tap \$100.00 \$ _____

Water Tap \$325.00 \$ _____

Inspection Fees:

- Plan Review \$35.00 _____
- Footing \$35.00 _____
- Wall Steal/Foundation \$35.00 _____
- Framing Finished \$35.00 _____
- Insulation \$35.00 _____
- Final Inspection \$35.00 _____
- Additional Inspections \$35.00 _____

Total Tap & Inspecting Fees: \$ _____
(Paid when construction is completed.)

****Additional fees required for extraordinary plan reviews, additional or failed inspections \$35.00 each.**

Property Owner's Name (Print) _____ Phone # _____

Property Owner's Mailing Address _____

Contractor/Builder (Print) _____ Phone # _____

I hereby certify that the above statements are correct and that if a building permit is issued, all work will be done in accordance with the Ordinances of the Village of Adams.

Property Owner's Signature: _____ Date: _____

Zoning Approved by: _____ Date: _____

Board Approved by: _____ Date: _____

Plans Approved by Building Inspector: _____ Date: _____