

Town of Blades Building Permit Application

Owner Information

Name: _____

Address: _____

Phone #: _____

Signature: _____

Applicant Information (if not owner)

Name: _____

Address: _____

Phone #: _____

Signature: _____

Contractor Information:

Business Name: _____

Contractors Name: _____

Address: _____

Phone Number: _____

Property Information:

PIDN: _____ Zoning District: _____

Address: _____

Type of Ownership: _____ Private _____ Public

Type of Improvement:

_____ New Building* _____ Addition _____ Repair _____ Replacement

_____ Alteration _____ Demolition _____ Relocation _____ Foundation

***Notice: Water impact, connection and community impact fees are due upon approval and issuance of building permit.**

Proposed Use:

_____ Add to Accessory Structure	_____ Carport	_____ Pool
_____ Churches and Religious	_____ Stores and Customer Service	_____ Residential Addition (Room)
_____ Relocation of House	_____ Public Works and Utilities	_____ Renewal (\$25.00 Fee)
_____ Residential Addition (Porch/Deck/Patio)	_____ Residential Alteration (Roof/Windows)	_____ Single Family (Attached) (Townhouse)
_____ Demo of 5 Family Building	_____ Demo of 3-4 Family Building	_____ Demo of 2 Family Building
_____ Demo of SPD	_____ Demo of Other Building	_____ 5 or More Family Building
_____ Schools & Other Education	_____ Single Family Dwelling (Detached)	_____ Fence
_____ Other Residential Building (Accessory Street)	_____ Service Station/Repair Garage	_____ Shed
_____ Two Family Dwelling	_____ Offices, Banks, & Professional	_____ Sign
_____ Foundation Only	_____ Industrial	_____ Other Non-House Shelter
_____ Structure Other than Building		

Please provide a brief description of the intended work to be done:

Total Estimated Cost of Work: _____

I certify that all the information contained in this permit is true and correct. All aspects of the work associated with the planning, pursuit and completion of the project shall be in accordance with the ordinances of the Town of Blades as determined by the appropriate town official(s). **I also understand that I must attach plans or a sketch of the intended improvement(s) in triplicate. I will provide verification documentation of the estimated cost if so requested.** I also certify that any or all damages to any or all property, which occurs as a result of the planning, pursuit and completion of this project, shall be repaired by me and at no cost to the owner of the damaged property.

Note: Fee will be doubled if construction is started without permit. Permit becomes VOID in 12 months.

Signature of Applicant: _____

For Office Use Only:

Date Received: _____ Received by: _____

Water Owed: _____ Taxes Owed: _____ Back Maintenance Owed: _____

Current Certificate of Occupancy: ____ Yes ____ No If so, date issued: _____

Variance Needed: ____ Yes ____ No Water Needed: ____ Yes ____ No Building Permit Approved: _____ Flood Zone: _____
____ No ____ No Building Permit Denied: _____

If denied, please give reason(s): _____

Building Official Signature: _____

Date Work Completed: _____ Date Inspected: _____

New C/O Needed: ____ Yes ____ No Work Approved: ____ Yes ____ No

Signature of Inspector(s): _____

Applicable Fees:

Impact Fees: Water	\$2200.00	Paid: ____ Yes ____ No	Cash/Check Number: _____
Community	\$1000.00	Paid: ____ Yes ____ No	Cash/Check Number: _____
Permit Fees: Building Permit	_____	Building Permit Number: _____	Cash/Check Number: _____
Water Permit	\$ 500.00	Paid: ____ Yes ____ No	Cash/Check Number: _____
Meter Permit	\$ 550.00	Paid: ____ Yes ____ No	Cash/Check Number: _____
Certificate of Occupancy	\$ 50.00	Paid: ____ Yes ____ No	Cash/Check Number: _____