City of Farwell

Date:

Application for Building Permit

HOMEOWNER:

Name:

Physical Address:

Mailing Address:

Phone Number:

CONTRACTOR:

Name:

Mailing Address:

Phone Number:

CONSTRUCTION SITE LOCATION:

Physical Address:

I, hereby apply for a building permit in the City of Farwell to construct/remodel/move-in (strike those applicable).

Foundation		Framework	
Outside Walls		Inside walls	
Heating		Cooling	
Roofing		Flooring	
Built-ins		Fence	

How many baths:

Utility with washer/dryer?

Living areas contains sq. ft.

Garage contains sq. ft.

Curb cuts

Approximate Cost: $

To comply with the National Flood Insurance Program, top of slab must be 18 inches above curb or top of road. The issuance of this permit is subject to regulations in City Ordinance #174 and directives of the city council.

Regarding accessory buildings: Permanent or portable – exterior must be cinder block, brick, stucco, 26-gage steel, Masonite/hardy plank; roof must be composition shingles, wood shingles, or 26-gage steel. NO CURRUGATED STEEL.

I, hereby agree that all waste material will be collected and disposed of in the proper manner.

I, hereby agree that I have read and will comply with City Ordinance #174. All fees and deposit will be accepted in cash only.

DEPOSIT: $

PERMIT FEE: $

Signature of Applicant

PRE-APPROVED BY:

DATE:

APPROVED BY:

DATE:

DEPOSIT REFUND DATE:

PERMIT IS VALID FOR SIX MONTHS FROM ABOVE DATE – AFTER SIX MONTHS IF ALL WORK IS NOT COMPLETED, DEPOSIT WILL BE FORFEITED. APPLICANT MUST REQUEST IN PERSON ALL REFUNDS SIX MONTHS AFTER THE DATE ABOVE OR THEY ARE FORFEITED TO THE CITY.

This ordinance shall take effect and shall be in full force from and after its passage and publication.

PASSED AND APPROVED this

DAY OF , 20

Stephen Schilling, Mayor

ATTEST:

City Secretary