

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