

Renovations/Alterations Building Permit Application

Town of Greensboro
Renovations Permit Application

Permit # _____
App. Date _____
App. Fee _____ MDIA Fee _____
Date Paid _____

Flood Plain: Yes ___ No ___ Critical Area: Yes ___ No ___ Wetlands: Yes ___ No ___

Building Location: _____

Owner's Name: _____

Owner's Address: _____

Phone Number: _____ (home) _____ (work or cell)

Type of Work:

If additional space is needed please use a separate sheet of paper.

Total Construction Cost \$ _____

Improvements:

Electrical _____ Plumbing _____ HVAC _____ Exterior _____

Interior _____ Other (Please Describe) _____

Contractor Information:

Name _____ License # _____

Address _____

Telephone # _____ (work) _____ (Cell)

The applicant hereby certifies and agrees as follows:

- 1- That he/she is authorized to make this application
- 2- That the information is correct
- 3- That he/she will comply with all regulations applicable hereto.
- 4- That no work will be performed on the above property not specifically described in the application
- 5- That he/she grants Town Officials and agents of the town the right to enter the property for the purpose of inspecting the work permitted and posting notices.

Property Owner's Signature _____ Date _____

Applicant's Printed Name _____

Applicants Signature _____ Date _____

See attached inspection and information sheets. Inspections must be requested 24 hours in advance Monday through Friday.

Plans: Provide 2 complete sets of building plans or blueprints which include detailed drawings of proposed work to be done.

Building Inspector

Date

Zoning Administrator

Date