

City of Ashton Building Permit Application

<input type="checkbox"/> Commercial <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Carport/Garage	<input type="checkbox"/> Residential <input type="checkbox"/> Patio Deck <input type="checkbox"/> Curb & Gutter <input type="checkbox"/> Curb Cut <input type="checkbox"/> Change of Use	<input type="checkbox"/> Sewer Tap <input type="checkbox"/> Water Tap <input type="checkbox"/> Occup. Permit <input type="checkbox"/> _____	<p style="text-align: center;">Plans Submitted</p> <input type="checkbox"/> Site Plan <input type="checkbox"/> Foundation <input type="checkbox"/> Typical Const. <input type="checkbox"/> Floor Plan <input type="checkbox"/> Roof Structure <input type="checkbox"/> Floor Structure <input type="checkbox"/> Specifications <input type="checkbox"/> Plan Analysis
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Owner:	Description of Work
Address:	
City, St, Zip:	
Phone No:	
Contractor:	**Contractor #:
Phone No:	Prior Use:
Architect:	
Phone No:	Proposed Use:
Project Address:	
Legal Lot:	Legal Block: Legal Sub:

Estimated Value: _____

No Floors _____	Main _____ sf	2 nd _____ sf
Basement _____ sf	Garage _____ sf	Deck _____ sf
Carport _____ sf	Patio _____ sf	_____ sf

*The applicant represents that all statements are a true description of the proposed uses and/or buildings and that all laws governing this project will be complied with and provision made to allow inspections by city or state representatives and that the building(s) will not be occupied or used without specific authorization of the Building and/or Fire Department. **Remember the snow load for Ashton is 70 lbs.***

Submitted By: _____ Received By: _____
 Date: _____ Date: _____ Time: _____

Information below this line is to be completed by the building department

Construction Type: _____ Occupancy: _____ Zoning: _____ Map: _____
 Special Provisions: _____

_____	Code _____ s.f.	_____ x	=	\$ _____
_____	Code _____ s.f.	_____ x	=	\$ _____
_____	Code _____ s.f.	_____ x	=	\$ _____
Total UBC Valuation=				\$ _____

Public Works Fees	Building Department Fees	Totals
Water:	Building Permit:	Public Works:
Sewer:	Plan Review:	Building Dept:
Curb Cut, Streets:	Invest Fee:	Other:
Other:		
Subtotal:	Subtotal:	Subtotal:
Less Deposit:	Less Deposit:	Less Deposit:
Total Due PW:	Total Due Bld:	Total Due:

Building Permit Approved By: _____ **Date:** _____