Permit Number	CITY OF SMILEY	For Office Use Only Approved/Denied
	BUILDING PERMIT	Signature:
Bldg Besider	ntialCommercialSignDemolitionMoving	Date Inspected:
Today's Date:		Paid - CkM.OCC
Site Address:		
Owner:		
Mailing Address:	Phone:	
Contractor Name:	Phone:	
Use of Building:		
Class of Work:	NewAdditionRepairMoveRemove	
Describe Work:		
Size of Bldg. (Sq Ft.):	Ре	rmit Fee:

NOTICE:

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction.

Date
Date
Date

OFFICIAL USE ONLY

APPLICANT
Please mark proposed driveway
location and layout of house

Water Tap Location	
Water Meter Location	0
Sewer Tap Location	*

