



CITY OF NIXON
BUILDING PERMIT

For Office Use Only

Approved ☐ Denied ☐

Signature: _____

Date Inspected: _____

Paid - Ck. M.O. Cash CC

___ Bldg. ___ Residential ___ Commercial ___ Sign ___ Demolition ___ Moving

Today's Date: _____

Site Address: _____

Owner: _____

Mailing Address: _____ Phone: _____

Contractor Name: _____ Phone: _____

Use of Building: _____

Class of Work: ___ New ___ Addition ___ Repair ___ Move ___ Remove

Describe Work: _____

Size of Bldg. (Sq Ft.): _____

Permit 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.

Signature of Contractor or Authorized Agent

Date

Signature of Owner

Date