DATE:		
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TOWN OF JONESBOROUGH

BUILDING PERMIT APPLICATION

Is Building Lot in Flood Zone Work to be done in flood zone			
SECTION A			
OWNER:			
ADDRESS (CONSTRUCTION)			
OWNER PHONE #	CONTRACTOR PHONE #		
ARCHITECT:			
CONTRACTOR:			
STATE CONTRACTOR LICENSE #	EXPIRATION DATE: NSTRUCTION OF \$25,000.00 OR MORE		
THIS PROPERTY IS LOCATED IN ZONING R-1, R-1A, R-2, R-3, PRD, H-1, Historic Zoning Commiss	B DISTRICT: H-2, B-1, B-2, B-3, B-4, B-5, B-6, M-1, M-2 ion Approval Date:		
APPROXIMATE COST OF PROJECT: \$			
USE OF PROPERTY: Residential	or Business		
DOES THIS REQUEST REQUIRE NEW CO	ONSTRUCTION:YESNO (If Yes go to <u>Section B</u>)		
IF THIS IS A REQUEST FOR INTERIOR WORK DEMOLITION OR REPAIR WORK SKIP SECTION			
SECTION B			
LOT SIZE: FRONTAGEFT. RIGHT SIDE OF LOT (Deep)	LEFT SIDE OF LOT (Deep)FT. FT. ACROSS BACK OF LOTFT.		
IS THIS A PRINCIPAL BUILDING:YES IF YES, IS IT THE ONLY PRINICPAL BUILD	SNO DING ON THE LOT:YESNO		
IS THIS AN ADDITION TO AN EXISTING P	RINCIPAL STRUCTURE:YESNO		
IS THIS AN ACCESSORY BUILDING:Y than 10 feet to any property line and in Resid	ESNO (Accessory Use Buildings must be no closer lential Zones <u>in Rear of the House</u>)		
WHAT IS THE DISTANCE FROM THIS PROTO TO REAR OF LOTFT., LEFT SID	DPOSED STRUCTURE TO FRONT OF LOT FT., E OF LOT FT., RIGHT SIDE OF LOT FT.		
TYPE OF FOUNDATION:			

			DATE:	
TYPE OF ROOF:				
TYPE OF CONSTRUCTION: _				OTHER
TYPE OF EXTERIOR FINISH	ON WALLS:			
TYPE OF BASEMENT:F				
TYPE OF HEATING/COOLING	S SYSTEM:			
DIMENSIONS:S				
IMPORTANT: Notify Buildingiven permi		n footings are dug Building Inspector	<u>Do Not</u> pour foot	ing before
SECTION C				
DESCRIBE THE KIND OF WO	RK THAT YOU IN	NTEND TO DO:		
IN MAKING APPLICATION FINFORMATION GIVEN IS, TO IS UNDERSTOOD AND AGR MISREPRESENTATION OF PART, SUCH AS MIGHT, IF ALTERATION OR CHANGE IN THE REVOCATION OF THIS WORK IS TO MEET THE MICOUNCIL (ICC) BUILDING COJONESBOROUGH AND THAT ARE IN REGARD TO THEIR ISSUED THE WATER WILL THERE IS A COPY OF TOWICC BUILDING CODE BOOK QUESTIONS YOU HAVE.	THE BEST OF ITED BY THE APEACT, WHETHEIN KNOWN, CAUSTINES MADE VERMIT. IT IS APPLICATED TO BE TRANS NOT BE TRANS ORDINANCES	HIS/HER KNOWLED PLICANT THAT AN' R WITH OR WITH OF WITHOUT SUFFICIE LSO UNDERSTOOD RDS SET FORTH IN HER ORDINANCES NT'S RESPONSIBIL IECT. IF A CERTIFIC ON FILE IN TOWN	GE, TRUE AND AY ERROR, MISS' OUT INTENTION THIS APPLICATION OF BY THE APPLICATION OF THE INTERNAME OF THE TORTH BY OF THE OCCUL OF THE CONTRACTION HALL ALONG W	ACCURATE. IT TATEMENT OR NON HIS/HER ATION OR ANY MAY RESULT IN CANT THAT ALL ATIONAL CODE THE TOWN OF JT WHAT THEY PANCY IS NOT CTORS NAME. WITH A SET OF
DATE:		SIGNED:		
APPLICATION APPROVED:	DATE	В	UILDING INSPECTO	DR
APPLICATION DENIED:				

BUILDING INSPECTOR

DATE

		DATE:
RECEIPT #	AMOUNT: \$	