



TOWN OF GEORGETOWN BUILDING PERMIT APPLICATION



PROPERTY OWNER: _____

Name	Mailing address	Phone	e-mail
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CONTRACTOR: _____

Name	Mailing address	Phone	e-mail
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ARCHITECT: _____

Name	Mailing address	Phone	e-mail
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PROPERTY ADDRESS: _____

General description of work being done: _____

Valuation of Work \$ _____

NOTICE: THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED HAS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK HAS COMMENCED. I HEREBY AFFIRM THAT I HAVE FULL LEGAL CAPACITY TO AUTHORIZE THE FILING OF THIS APPLICATION AND THAT ALL INFORMATION AND EXHIBITS HEREWITH SUBMITTED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED INVITES REPRESENTATIVES OF THE TOWN OF GEORGETOWN TO MAKE ALL REASONABLE INSPECTIONS AND INVESTIGATION OF THE SUBJECT PROPERTY DURING THE PERIOD OF CONSTRUCTION. THE UNDERSIGNED UNDERSTANDS AND AGREES TO ACCEPT AND ABIDE BY ALL PROVISIONS OF THE REGULATIONS AND STANDARDS OF THE TOWN, MAINTAIN BUILDING SEWER, WATER, AND PRIVATE FACILITIES AT NO EXPENSE TO THE TOWN, TO PROVIDE AS-BUILT PLANS IF REQUESTED, AND TO COMPLY WITH THE INSPECTION REQUIREMENTS NOTIFYING THE TOWN AND DISTRICTS WHEN FACILITIES ARE READY FOR INSPECTION, PRIOR TO ANY PORTION OF THE WORK BEING COVERED. THE GRANTING OF A PERMIT DOES NOT AUTHORIZE VIOLATION OF ANY STATE OR LOCAL LAW. THE UNDERSIGNED UNDERSTANDS THAT VIOLATION OF TOWN OF CODES OR INSPECTION PROCEDURES, OR ANY MISREPRESENTATION IN THIS APPLICATION MAY BE CAUSE FOR DENIAL OF SERVICE, FINES, AND/OR STOPPAGE OF WORK. I FURTHER AGREE TO PAY ALL FEES CONSISTENT WITH THE TOWN OF GEORGETOWN PAYMENT POLICIES

Signature of owner, contractor or owner's representative	Date
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FOR OFFICE USE ONLY

_____	Date _____	Zoning District _____
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Building Inspector - Approval

FEES:

Bldg. Permit \$ _____

Notes:

Use Tax \$ _____

(Valuation * 50% * 3%) attach use tax form

Plan Check \$ _____

Existing EQR # _____

Tap & Develop Fees \$ _____

Water Meter \$ _____

TOTAL DUE \$ _____

Date Paid _____

Check # _____

PERMIT # _____

COA # _____

Zoning Review

Zoning Approval	Present	Proposed Setbacks
Proposed use	_____	_____
Front Set Back	_____	_____
Side Set Back		
Rear Setback	_____	_____

_____ Date _____ Zoning District _____
Town Administrator - Approval / Disapproval

Condition if applicable

