TOWN OF SWEDEN APPLICATION FOR PERMIT B--BUILDINGS & STRUCTURES

PLEASE PRINT APPLICATION (Use Ink Pen)

DATE:_____

TAX ACCOUNT #	PERMIT #	
Residential	Business/Commercial	
Address:		Email:
3. Architect/Engineer:		Phone:
	Address and Lot #	
Owner's Name and	Address	
Owner's Phone Nun	ber Email	
5. Description of project, inc	cluding overall dimensions and intended use:	
6. Estimated cost of constru	ction when completed: \$	
7. PLUMBING PERMITS,	if applicable, are required and will be obtained	1 by
8. A Plot Plan is herewith su	bmitted and made part of this application. Ye	s 🗆
9. State or County Highway	Permits on file? Yes \Box	
	ction, alteration, or relocation is permitted, the ruction, alteration, or relocation, without furth	
1	re 12 months from the date of issuance. All	work must commence within 180
. .	nce. Expired building permits may be exten	
•	mit extension fee, and approval of the Build	
I DO HEREBY CERTIFY tha	t, the statements contained in this application are t	rue and correct according to my best

knowledge and belief.

DATE: ______ SIGNATURE: _____ _____

APPLICATION APPROVED/DENIED: _____ Date: _____ Date: _____

FEES:	ADDITIONAL CHARGES (if applicable)
Plan Review	Working without a permit
Building Permit	Stop Work Order
Garage/Barn/Shed	6 Month Extension for Expired Permit
Fireplace/Wood Stove/Generator	Failed Inspection/Re-inspection
Porch/Breezeway/Deck	
Certificate of Occupancy/Compliance	
Plumbing Permit	
SUB TOTAL:	
Sewer Connection Permit Fee	
Parks & Recreation Fee	
GRAND TOTAL:	