



ACCESSORY BUILDING PERMIT APPLICATION, 150 SF OR LESS

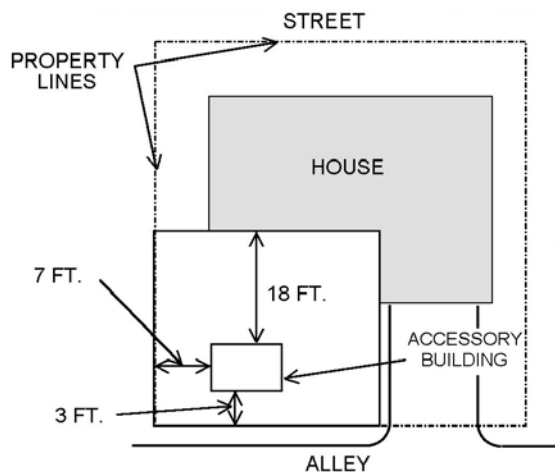
COMMUNITY SERVICES

OFFICE PHONE – 972/744-4180 • INSPECTION REQUEST – 972/744-4181 • FAX – 972/744-5802

PROJECT ADDRESS								
OWNER OF PROPERTY	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #			
CONTRACTOR	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #			
SIZE OF BLDG: TOTAL HEIGHT		ft.	WIDTH	ft.	DEPTH	ft.	TOTAL ENCLOSED AREA	sq.ft.
PLEASE GIVE PRECISE DISTANCE MEASUREMENTS FROM THE PROPOSED BUILDING:								
TO THE HOUSE _____ FT; TO THE BACK PROPERTY LINE _____ FT; TO THE SIDE PROPERTY LINE _____ FT;								
TO ANY OTHER BUILDING ON THE PROPERTY _____ FT								
AMOUNT OF ROOF OVERHANG:			FT;	BUILDING TO BE LOCATED IN ANY EASEMENTS? YES <input type="checkbox"/>		NO <input type="checkbox"/>		
TYPE OF EXTERIOR MATERIAL TYPE OF ROOFING MATERIAL								
HOW DO YOU PROPOSE TO ANCHOR BUILDING?								
ANY OF THE FOLLOWING TO BE PROVIDED TO THE BUILDING? (Please check the appropriate boxes)								
PLUMBING <input type="checkbox"/>			GAS <input type="checkbox"/>			ELECTRICAL <input type="checkbox"/>		
IS PROPERTY AN INTERIOR LOT <input type="checkbox"/>			OR CORNER LOT? <input type="checkbox"/>			TOTAL MARKET VALUE OF STRUCTURE: \$		
I HEREBY MAKE APPLICATION FOR A PERMIT TO ERECT AN ACCESSORY BUILDING OF 150 SQ FT OR LESS AT THE DESCRIBED LOCATION. AS OWNER OR DULY AUTHORIZED AGENT OF SAID PROPERTY, I AGREE TO ABIDE BY ALL ORDINANCES PERTAINING TO IMPROVEMENTS ON SAID PROPERTY, WHETHER HEREIN SPECIFIED OR NOT.								
UPON COMPLETION OF SAID WORK AS DESCRIBED HEREIN I WILL CALL FOR A FINAL INSPECTION.								
APPLICANT'S SIGNATURE:		STREET ADDRESS	CITY	STATE	ZIP	PHONE #		
EMAIL ADDRESS:								

PLEASE PROVIDE SKETCH BELOW SIMILAR TO SAMPLE.

SAMPLE:



YOUR SKETCH:

Please include and label on the sketch, showing precise distances:

House, drive, street, alley, and new antenna with dimensions, guy wires, and setbacks from property lines & house.

ZONING _____	APPLICATION / PERMIT TYPE: NDB / BPST	DATE CHECKED _____	CHECKED BY _____
B <input type="checkbox"/> E <input type="checkbox"/> L <input type="checkbox"/>	APPLICATION # _____		
DATE _____	AMOUNT \$ _____	RECEIPT # _____	CASH / CK # _____ BY _____