

APPLICATION FOR BUILDING PERMIT CALHOUN COUNTY

Date: _____	Completion Date: _____
Owner: _____	Permit To: () Construct () Enlarge
Address: _____	() Alter () Demolish () Move
_____	Nature of Work: _____
_____	_____
Phone: _____	_____

Property Parcel ID: _____ Flood Zone: (Y/N) _____

Street Address: _____

Lot _____ Block _____ Section _____ Township _____ Range _____

Property Zoned: _____

Septic Tank No.: _____ Validated by: _____

City Sever Receipt No: _____ Estimated cost of job: _____

Size of Building: _____ Sq. Ft. Area: _____

Lot Size: _____ Number of Buildings: _____

* We need the name, phone number and a copy of the license of all Subcontractors
All licenses to be State certified or registered.

General Contractor _____
License Number _____ Phone _____

Plumbing Contractor _____
License Number _____ Phone _____

Electrical Contractor _____
License Number _____ Phone _____

Other Contractor _____ Phone _____
License Number _____ Phone _____