



**TOWN OF ABERDEEN
BUILDING PERMIT
APPLICATION**

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| Office Use Permit # _____ Address of Project _____ |
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(All items listed below must be provide prior to a building permit being issued)

Water/Sewer Tap Fee Receipt
Zoning Compliance Application
Affidavit of Workers Comp.

Copy of Aberdeen Business License
Copy of General Contractor License
Driveway Permit

Residential – 1 set of Plans
Commercial – 2 sets of Sealed Plans
Septic Permit (MC Health Dept.)

Applicant: _____ Phone #: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Cell Phone #: _____
Address of Project: _____

Property Owner: _____ Phone #: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Cell Phone #: _____

UTILITIES: Town Water Private Well Town Sewer Septic Improvement Permit

BUILDING: Type of Construction: _____ Proposed Use: _____

Dimensions: _____ Heated SF: _____ # Stories: _____
Garage SF: _____ Basement: _____ Porch SF: _____ Deck: _____
Install Insulation: Yes No Estimated Cost of Construction: _____

MECHANICAL: Residential Commercial
Type of System: _____ # of Systems: _____ Tons: _____
Gas Line: Yes No

PLUMBING: Total # of Fixtures: _____ Total # Bathrooms: _____
Sinks: _____ Water Closets: _____ Showers: _____ Tubs: _____ Clothes Washer: _____
Dishwasher: _____ Wet Bar: _____ Spa: _____ Water Heater: _____
Irrigation System: Yes No

ELECTRICAL: Residential Commercial # AMPS: _____ # of Disconnects: _____
Temp Pole: Yes No

I, the undersigned, hereby make application for permits, inspection of work described and agree to comply with all applicable laws regulating the work I have also received a copy of this document and I understand that it is my responsibility to maintain current signatures and license numbers on file of the respective contractors shown below and to notify the Town of Aberdeen of any changes prior to any rough-in inspections. I further understand that all inspection requests are to be made by me or my agent to the Town of Aberdeen Planning and Inspections Department and that the septic operating permit, where required, must be provided before a Certificate of Occupancy is issued.

General Contractor: _____ **License #:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone #:** _____ **Cell #:** _____
Electrical Subcontractor: _____ **License #:** _____
Plumbing Subcontractor: _____ **License #:** _____
Mechanical Subcontractor: _____ **License #:** _____

Builders Signature **Date** **Building Inspector** **Date**