

TOWN OF ABERDEEN BUILDING PERMIT APPLICATION

Office Use Only

Permit # _____

Address of Project _____

(All Items listed must be provided prior to a building permit being issued)

- | | | |
|--|---|---|
| <input type="checkbox"/> Water/Sewer Tap Fee Receipt | <input type="checkbox"/> Active Aberdeen Business License | <input type="checkbox"/> Residential- 1 set of Plans |
| <input type="checkbox"/> Zoning Compliance Application | <input type="checkbox"/> Copy of General Contractor License | <input type="checkbox"/> Commercial-3 sets Sealed Plans |
| <input type="checkbox"/> Affidavit of Worker's Comp.(1 yearly) | <input type="checkbox"/> Site Plan | <input type="checkbox"/> Septic Tank (MC Health Dept.) |

Address of Project: _____

Applicant: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell Phone #: _____

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: _____ # of Stories: _____

Garage SF: _____ Basement: _____ Porch SF: _____ Deck: _____ Patio: _____

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 # of Bathrooms: _____

Sinks: _____ Water Closets: _____ Showers: _____ Tubs: _____ Clothes Washers: _____

Dishwasher: _____ Wet Bar: _____ Spa: _____ Water Heater: _____

Irrigation System: Yes _____ No _____

(State requires all irrigation systems to be connected to a water only meter and a RPZ valve to be installed)

ELECTRICAL: Residential _____ Commercial _____ # AMPS: _____ # of Disconnect: _____

Temporary 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 #: _____ Aberdeen Business License #: _____

On-site Contact: _____ Cell Phone#: _____ Email: _____

Electrical Sub.: _____ License #: _____ Aberdeen B. L. #: _____

Plumbing Sub.: _____ License #: _____ Aberdeen B.L. #: _____

Mechanical Sub.: _____ License #: _____ Aberdeen B.L. #: _____

Gas Line Sub: _____ License #: _____ Aberdeen B.L. #: _____

Irrigation Sub.: _____ License #: _____ Aberdeen B.L. #: _____

Builders Signature

Date

Building Inspector

Date