



<b>For Office Use Only:</b> Permit #: _____ Check #: _____
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**TOWN OF MILLINGTON  
APPLICATION FOR BUILDING PERMIT**

1) PROPERTY OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

Date of Application \_\_\_\_\_ Application Fee \$ \_\_\_\_\_ Insp Fee \$ \_\_\_\_\_

2) Property Location \_\_\_\_\_ Elec. Dist. \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Lot \_\_\_\_\_ Acres \_\_\_\_\_ Deed Ref. \_\_\_\_\_

3) Proposed Work \_\_\_\_\_

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4) Setbacks: Front/Waterfront \_\_\_\_\_ Side \_\_\_\_\_  
Side \_\_\_\_\_ Rear \_\_\_\_\_  
Existing Impervious Surface \_\_\_\_\_ New Impervious Surface \_\_\_\_\_

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5) Type of Construction:     Modular                       Pre-Engineered Bldg     Repair/Replace  
    Mobile Home                 Stick Built                 Other  
    Addition                       Alteration

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6) Dimensions/New: Unfinished Basement \_\_\_\_\_ Finished Basement \_\_\_\_\_  
   First Floor \_\_\_\_\_ Second Floor \_\_\_\_\_  
   Attached Garage \_\_\_\_\_ Carport \_\_\_\_\_  
   Deck \_\_\_\_\_ Porch \_\_\_\_\_  
   Acc. Buildings \_\_\_\_\_ Other \_\_\_\_\_

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7) Height of Structure: \_\_\_\_\_

8) Improvements:     Structure     Electric     Plumbing     HVAC     Fireplace/Chimney

9) Entrances:            State     New             Existing  
   County    New             Existing  
   Town     New             Existing

10) Is this a rental:     Yes     No            **NOTE: If yes, lead paint inspection and rental inspection required.**

11)	NAME	LICENSE NUMBER	TELEPHONE NUMBER
Contractor:	_____		
Address:	_____		
Plumber:	_____		
Address:	_____		
Electrician:	_____		
Address:	_____		
HVAC:	_____		
Address:	_____		

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18) I hereby certify and agree that:

- 1) I am authorized to make this application,
- 2) That the information is correct,
- 3) I grant Town officials the right to enter the property for the purpose of inspecting the work permitted and posting notices.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**FOR OFFICE USE ONLY**

ZONE _____	CRITICAL AREA COMMISSION _____	SPECIAL TAX DISTRICT _____
Building _____	Sediment Control _____	
Entrance _____	Stormwater _____	
Water/Wastewater _____	Health Dept. _____	
Critical Area _____	Zoning _____	
Wetlands _____	Endangered Species _____	

APPLICATION HAVING BEEN MADE FOR A BUILDING PERMIT AND THE PROPOSED STRUCTURE AND USAGE BEING IN CONFORMITY WITH THE ZONING ORDINANCE OF THE TOWN OF MILLINGTON, I HEREBY ISSUE THIS BUILDING PERMIT FOR A PERIOD OF SIX (6) MONTHS FROM THE DATE HEREOF, CONTINGENT TO: \_\_\_\_\_

**ZONING ADMINISTRATOR**

**DATE**

**NOTES:**