



For Office Use Only:
Permit #: _____
Check #: _____

**TOWN OF MILLINGTON
APPLICATION FOR COMMERCIAL 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) Purpose: (check all that apply)

<input type="checkbox"/> Addition	<input type="checkbox"/> Foundation Only	Gross square feet of area created or	
<input type="checkbox"/> Alteration	<input type="checkbox"/> Restore/Repair	affected by this action	_____
<input type="checkbox"/> Construction	<input type="checkbox"/> Change of Use	Disturbed Land Area	_____
<input type="checkbox"/> Demolish	<input type="checkbox"/> Green Building	Estimated Project Cost	\$ _____
<input type="checkbox"/> Move			

4) Use of Building or Space:

<input type="checkbox"/> Assembly	<input type="checkbox"/> Bank	<input type="checkbox"/> Bioscience	<input type="checkbox"/> Business Offices
<input type="checkbox"/> Boarding House	<input type="checkbox"/> Day Care Facility	<input type="checkbox"/> Educational	<input type="checkbox"/> Fence*
<input type="checkbox"/> Garage	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hotel	<input type="checkbox"/> Industrial
<input type="checkbox"/> Institution	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Multi-Family**	<input type="checkbox"/> Place of Worship
<input type="checkbox"/> Pool	<input type="checkbox"/> Recreation	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retaining Wall*
<input type="checkbox"/> Post Office	<input type="checkbox"/> Storage	<input type="checkbox"/> Theater	<input type="checkbox"/> Trailer****
<input type="checkbox"/> Modular Building***			

NOTE:
 * If building a fence or retaining wall – a signed approval letter from the adjacent lot owner(s) is required.
 _____ Height _____ Feet from Property Line
 ** Number of Units _____ Senior Units _____ Income Driven Units _____

5) Impervious Areas:
 Existing Building _____ Sq. Ft. New Building _____ Sq. Ft. Site _____ Sq. Ft.
 6) Is this building located in Critical Areas? _____ Special Tax District? _____
 7) Has this space been previously occupied? _____ If Yes, what was previous use _____
 What is the proposed use _____ Owner Occupied _____

8) 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 _____

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ZONE _____ CRITICAL AREA COMMISSION _____ SPECIAL TAX DISTRICT _____

INSPECTION DATE: _____ INSPECTOR: _____

REQUIREMENTS:

Building _____	Sediment Control _____
Entrance _____	Stormwater _____
Water/Wastewater _____	Health Dept. _____
Critical Area _____	Zoning _____
Wetlands _____	Endangered Species _____

APPLICATION HAVING BEEN MADE FOR A COMMERCIAL BUILDING CERTIFICATE AND THE PROPOSED STRUCTURE AND USAGE BEING IN CONFORMITY WITH THE ZONING ORDINANCE OF THE TOWN OF MILLINGTON, I HEREBY ISSUE THIS COMMERCIAL BUILDING PERMIT FOR A PERIOD OF ONE YEAR FROM THE DATE HEREOF, CONTINGENT TO: _____

ZONING ADMINISTRATOR

DATE

NOTES: