

Parcel # 1900 \_\_\_\_\_ Zoning District: \_\_\_\_\_ Permit # BP-0 \_\_\_\_\_ Date: \_\_\_\_\_

## TOWN OF ELSMERE BUILDING PERMIT APPLICATION

Three (3) sets of plans are required, including plot plans showing lot size, location of existing and proposed structures, elevations, section view, floor plans, etc. When work is being done by a contractor, a **signed contract between contractor and customer must be included with this application** and an approval letter from the owner if the work is being done for a tenant.

- **Is this Property:** Residential Commercial Legalization  
➤ **Is this:** New Construction Remodel/Renovation Concrete Roof Pool Bldg Addition

Job Address: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Name of Tenant (if Applicable): \_\_\_\_\_

Name & Tele No. Of Contact Person: \_\_\_\_\_

- Description of Work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of Job: \$ \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

**Does the Job include:** Electrical Plumbing HVAC  
(All Require Separate Permits)

Is the work being performed by homeowner: Yes No If No, then;

Contractor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Town of Elsmere Business License: Yes No

Contractor's Signature: X \_\_\_\_\_ Elsmere Lic. No.: \_\_\_\_\_

- **The Town of Elsmere cannot issue any permits or occupancies on the above listed property if any outstanding violations on the property, including late property taxes, are due.**
- **Building permit fees will be doubled if work begins before permits are issued.** Prior to enclosing or covering any work, a Code Enforcement Officer **must be notified** for inspection. All work **must** comply with the 2000 international plumbing code referenced in the Town of Elsmere Code.

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~ DEPARTEMENTAL USE ONLY ~

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Permit Fee: \$ \_\_\_\_\_ Zoning File No. \_\_\_\_\_

Double Fee: \$ \_\_\_\_\_ Approval Date: \_\_\_\_\_

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Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

Method of Payment:      Cash      Check (# \_\_\_\_\_)      Other

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> Tax Check: *OK*    *Delinquent*    Date Checked: \_\_\_\_\_    By: \_\_\_\_\_

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*APPROVED*      *NOT APPROVED*

Code official: X \_\_\_\_\_

Date Issued: \_\_\_\_\_

Comments:

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