

TELEPHONE 307 326-8335

TOWN OF SARATOGA BUILDING PERMIT APPLICATION

BOX 486
SARATOGA, WYOMING 82331

IMPORTANT - Complete ALL items. Mark boxes where applicable.

I. LOCATION OF BUILDING	Number and street	Subdivision	Lot	Block
	N S E W side of _____ ; _____ feet E W from intersection of _____ <i>(Other local geographic, political, or legal subdivision identification)</i>		N S	

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition <i>(If residential, enter number of new housing units added, if any, in Part D, 13)</i> 3 <input type="checkbox"/> Alteration <i>(See 2 above)</i> 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking <i>(If multifamily residential, enter number of units in building in Part D, 13)</i> 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only	D. PROPOSED USE - For "Wrecking" most recent use <table border="0"> <tr> <td style="vertical-align: top;"> Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units -----> _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ </td> <td style="vertical-align: top;"> Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, Institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ </td> </tr> </table>	Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units -----> _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, Institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____
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B. OWNERSHIP 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	
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C. COST 10. Cost of improvement \$ <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$	(Omit cents)	Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____
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III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Individual (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Individual (well, cistern)	J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions 50. Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms 54. Number of bathrooms } Full } Partial	

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner			
2. Contractor			
3. Architect			

The owner of this building and the undersigned agree to conform to all applicable laws of *(name of permit jurisdiction)*.

Signature of applicant	Address	Application date
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DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by	Permit fee \$	Date permit issued	Permit number
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