

TOWN OF LAMARTINE

(Mark one) ☐ **BUILDING PERMIT APPLICATION** or ☐ **IMPROVEMENT PERMIT APPLICATION**

Permit # _____ Date: _____ Sanitary Permit #: _____
Contractor Lic. # _____ UDC Permit #: _____

Name: _____
Address: _____
City: _____ Zip _____

Legal Description: _____

Location: _____

Current Property Use:

____ Vacant property ____ Single family residence
____ Working Farm ____ Business, industrial, commercial
____ Other _____

Proposed Property Use:

____ Vacant property ____ Single family residence
____ Working Farm ____ Business, industrial, commercial
____ Other _____

Site Inspection Done by Permit Issuer _____

Mark box if
attached



Cost of the Project including Labor

\$ _____

Permit Checklist:

YES NO

CSM or Legal Desc.	_____	_____
Sanitary Permit	_____	_____
Plot Plan	_____	_____
Drainage Plan	_____	_____
Driveway Access	_____	_____
Fire Sign Fee	_____	_____
Road Restoration Form	_____	_____
Land Disturbance—		
>4000 sq ft	_____	_____
>20,000 Impervious		
surface	_____	_____
Driveway Length	_____	FT

☐ **Any other pertinent data may**
be attached to this application

Proposed Project:

____ Home ____ Pool ____ Paved Driveway ____ Barn ____ Porch ____ Attached garage ____ Detached garage
____ Deck ____ Shed ____ Addition (describe below) _____

Please provide a sketch on a separate sheet ☐ **Mark in box if sketch is attached**

____ I agree to mark or stake out the location of the proposed project on the site, upon request

CERTIFICATE

I, THE UNDERSIGNED, HEREBY APPLY FOR A Town Permit and certify that all the information both above and attached is true and correct to the best of my knowledge. I affirm that all work performed will be done in accordance with all Lamartine Zoning Ordinances and with all other applicable laws and regulations. I hereby authorize officials of the Town of Lamartine to enter the above described property for the purpose of obtaining information pertinent to my application request and to conduct zoning ordinance inspections. I further acknowledge that I have received a copy of "Town of Lamartine - Building Requirements".

Signature: _____ Date: _____
Home Phone: _____ Cell Phone: _____