

TOWN OF NUNDA
APPLICATION FOR A BUILDING/ZONING PERMIT

Note: An incomplete application may delay the timely issuance of your permit:
Please enter N/A if a section is not applicable.

PART 1: GENERAL INFORMATION

1. Owner Identification

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

2. Project Location and Information

Applicant's Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

3. Type of Construction or improvement

New Building - Proposed use is _____
 Conversion - Current use is _____ Proposed use is _____
 Addition Alteration Repair/Replacement Relocation Demolition Misc. Structure or Equipment Unmarked Structural Lumber to be used

4. Description of Project: _____

5. Estimated Project Cost:

Contractors estimate for the work to be performed; _____
If the work is to be performed by the homeowner: _____

PART 2: DESIGNERS AND CONTRACTORS

1. ARCHITECT/ENGINEER:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

2. GENERAL CONTRACTOR:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

3. ELECTRICAL CONTRACTOR:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

4. PLUMBING CONTRACTOR:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

5. MECHANICAL CONTRACTOR:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

6. CONTRACTOR:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

CONTINUE ON PAGE TWO: DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Special approval needed by: Planning Board Zoning Board Historic Review Board Other(specify) _____

Planning Board Recommendations

Action Taken By Zoning Board Of Appeals

Date _____ Attest _____

Date _____ Attest _____

Chair _____

Chair _____

Member _____

Member _____

Member _____

Member _____

Member _____

Member _____

Member _____

Member _____

Member _____

Member _____