TOWN OF WEBSTER
APPLICATION FOR BUILDING PERMIT

BP#: _____

Applicant:

Name: _____ Address: _____

Phone: _____ _____

Owner: _____ Address: _____

Phone: _____ _____

Contractor: _____ Address: _____

Phone: _____ Cert. of Insurance: _____ Exp. Date: _____

E-mail Address: _____

Job Location:

Lot/Sub: _____ Address: _____

Tax Acct. #: _____

Job Description:

_____

_____

Construction Cost: _____

SURVEY MAP TO SCALE SHOWING LOCATION OF WORK ON PROPERTY REQUIRED

Date: _____ **Applicant Signature**: _____

_____

FOR OFFICE USE ONLY:

Lot Information: Front _____ Left _____ Right _____ Rear _____ Zoning _____

Setbacks: Front _____ Sides _____ Rear _____

Approved: _____