

APPLICATION FOR ASSESSMENT PERMIT

Top portion to be completed by Municipality

MUNICIPALITY: West Branch Township

PERMIT # _____

APPROVED: _____

TITLE: _____

FEE: _____

To be completed by Permit Applicant

NAME OF APPLICANT: _____ PHONE # _____

NAME OF OWNER: _____ PHONE # _____

PARCEL #: _____ SITE ADDRESS: _____

LOCATION ON PROPERTY OF PROPOSED WORK: _____

LOT SIZE/ACREAGE: _____ ESTIMATED COST: _____

BUILDING INFORMATION: _____

Type of Construction: _____

Size : _____

STRUCTION INFORMATION:

Number of Plumbing fixtures _____

Type of Flooring: _____

Type of Walls (interior/exterior) _____

Type of Heating: Forced Air _____ Hot Water _____ Other _____

Source of Heat: Gas _____ Electric _____ Propane _____ Other _____

Foundation Type: _____

Central A/C: Yes _____ No _____

Basement? _____ (1/4, 1/2, 3/4, full) if yes, is it finished? _____

Fireplace? _____

Attic? _____ if yes, is it finished? _____

APPLICANT SIGNATURE: _____

APPLICANT MAILING ADDRESS: _____
