

Town of Chester
Building Permit Application

Date _____
Permit # ___ - _____

Location of Building	Address _____ (Number) (Street)
	Subdivision _____ Lot _____ Lot Size _____ (If Applicable)
	For Office Use: Map # _____ Lot # _____

Applicant	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph () _____	Fax () _____	

Owner	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph () _____	Fax () _____	

Email: _____

Email: _____

Contractor Information					
Business Name _____			Address _____		
City _____	State _____	Zip _____	Telephone: () () _____		
Builders License Number _____			Expiration Date: _____		
<i>You must attach a copy of current "Contractor's License" and current "Proof of Workman's Comp. Insurance".</i>					

Email: _____

Type of Improvement (If new construction, fill in sections A – H) Circle Applicable Use Class					
NEW CONSTRUCTION	NEW GARAGE	FOUNDATION ONLY	DEMOLITION	POOL	OTHER
NEW SHED	NEW DECK	NEW BARN	ALTERATION	REPAIR	

BRIEFLY DESCRIBE PROJECT & INTENDED OCCUPANCY-

A. Proposed Use of Building (Residential)					
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> TWO OR MORE FAMILY	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> BARN	<input type="checkbox"/> OTHER (explain) _____

B. Proposed Use of Building (Non-Residential)
<input type="checkbox"/> PLEASE EXPLAIN _____

C. Principal Type of Framing
<input type="checkbox"/> WOOD FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> STRUCTURAL STEEL <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER _____

D. Principal Type of Heating
<input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> COAL <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER _____

