

# Town of Chester

## Plumbing, Electrical, Mechanical Permit Application

Date \_\_\_\_\_

Permit # \_\_\_\_\_ - \_\_\_\_\_

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

<b>Applicant</b>	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph ( ) _____	Fax ( ) _____	
Email Address: _____			

<b>Owner</b>	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph ( ) _____	Fax ( ) _____	
Email Address: _____			

Contractor Information				
Business Name _____			Address _____	
City _____	State _____	Zip _____	Telephone (include Area Code) _____	
Builders License Number _____			Expiration Date _____	
You must attach a copy of current "Contractor's License" and current "Proof of Liability Insurance".				

<input type="checkbox"/> <b>PLUMBING</b>
<i>Describe Activity:</i>

<input type="checkbox"/> <b>ELECTRICAL</b>
<i>Describe Activity:</i>

<input type="checkbox"/> <b>MECHANICAL</b>
<i>Describe Activity:</i>

FEES	
Total Cost	_____
First \$1000.00 x \$15.00	\$ 15.00
Each addl. \$1000.00 x \$10.00	\$ _____
<b>Total Building Fees</b>	\$ _____
Additional fees may apply if this application requires Zoning or Health Dept. approvals are required when said project alters the original footprint of the property)	

PAYMENT	
Total Paid _____	Date _____
Building _____	Zoning _____
State _____	Check # _____
Cash _____	

Signature of contractor or his representative making application.
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Signature of Building Inspector
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