

Town of Chester

Date _____

Plumbing, Electrical, Mechanical Permit Application

Permit # _____ - _____

Location of Building	Address * _____ _____ <small>(Number) (Street)</small>	
	Subdivision _____ Lot _____ Lot Size _____ <small>(If Applicable)</small>	
	<i>* Site Identification Number Required to be Installed</i>	
For Office Use: Map # _____ Lot # _____		

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

Owner	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 _____	
<i>You must attach a copy of current "Contractor's License" and current "Proof of Liability Insurance".</i>				

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

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

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

FEES	
Total Cost	_____
First \$1000.00 x \$26.00	\$ 15.00
Each addl. \$1000.00 x \$16.00	\$ _____
Total Building Fees	\$ _____
Additional fees may apply if this application requires Zoning approval (Zoning approval is 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.

Signature of Building Inspector