

# Town of Chester

Date \_\_\_\_\_

## Plumbing, Electrical, Mechanical Permit Application

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

<b>Location of Building</b>	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 # _____		

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

<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 \$26.00	\$ 26.00
Each addl. \$1000.00 x \$16.00	\$ _____
<b>Total Building Fees</b>	<b>\$ _____</b>
<small>Additional fees may apply if this application requires Zoning approval (Zoning approval is required when said project alters the original footprint of the property)</small>	

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

Signature of contractor or his representative making application.

Signature of Building Inspector