

CITY OF CABOT
APPLICATION FOR BUILDING PERMIT

Sidewalk Required?

Yes _____
No _____

Name of Applicant _____
Address _____ Telephone No. _____

LOCATION OF PROPOSED STRUCTURE

Subdivision Name: _____ Lot No. _____
Street Address: _____

PURPOSE OF PROPOSED STRUCTURE

Commercial : Office Warehouse Mercantile Restaurant Other _____
Residential : Single Family Multifamily Mobile Home

Contractor: _____
Address _____
Telephone No. _____ License Number _____

Plumber: _____
Address _____
Telephone No. _____ License Number _____

Electrician: _____
Address _____
Telephone No. _____ License Number _____

Mechanical: _____
Address _____
Telephone No. _____ License Number _____

Flood Insurance: Is the property in a Floodplain? Yes No Which Zone? _____
Is the building required to be elevated? Yes No

Is there an NPDES Permit covering this site? Yes No Permit Number: _____

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATION OR AIR
CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT
COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A
PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL
PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR
NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER
STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICIAL USE ONLY

Building size: Heated and cooled _____ sq.ft. Porch and Garage _____ sq.ft.

Permit Fees \$ _____ Estimated Cost: \$ _____

Approved By: _____
Date: _____ BUILDING OFFICIAL