<u>TOWN OF WESTVILLE</u> <u>IMPROVEMENT LOCATION PERMIT APPLICATION</u> (COMMERCIAL/INDUSTRIAL)

Please fill out the following information and we will call you when your permit is ready for pick-up. (NOTE: PLEASE ALLOW 5-10 BUSINESS DAYS TO PROCESS PERMITS.)

APPLICATION IS HEREBY	REQUESTED FOR:	(check one)	
New Construction		Other	
Building Addition and/o	or Remodeling		
DATE:		ZONING DISTRICT:	
ADDRESS OF PROPERTY	:		
OWNER:		PHONE:	
ADDRESS:			
CONTRACTOR:		PHONE:	
ADDRESS:			
LEGAL DESCRIPTION:			
LOT SIZE: WIDTH:	DEPTH:	AREA:	
PROPOSED CONSTRUCTION	<u>ON:</u> Please explain w	hat you are constructing.	
SITE PLAN NUMBER ANI	O APPROVAL DATE	:	
BUILDING SIZE:	SQ. FT:	# OF FLOORS:	
SETBACKS: FRONT:	SIDES:	,REAR:	
STATE RELEASE #:			
FSTIMATED CONSTRUCT	TION COSTS: \$		

By executing this Improvement Location Permit Application and submitting it for the consideration of the Town of Westville, I certify that all information contained is accurate. If the applicant is not the property owner, the person executing this Application represents that he/she has the requisite authority. Should any information change, the Applicant shall be obligated to immediately notify the Town of Westville. Should any information be determined to be inaccurate or otherwise incomplete, the permit may be revoked and work stopped.

CONTRACTOR/OWNER SIGNATURE	PRINTED NAME

Do Not Write Below This Line, Office Use Only			
Chec	k off list:		
1.	Completed Application		
2.	Occupancy Permit Application		
3.	One Complete Set of State Prints		
4.	Site Plan		
5.	Construction Design Release		
6.	Subcontractor's List		
7.	Plan Authentication Agreement (Signed and Stamped from Architect or Engineer)		
8	Received By and Date:		