PERMIT NO.	
PERMIT FEE:	\$

## **APPLICATION AND BUILDING PERMIT** Village of Hemingford

Date:			
NAME:	PHONE:	CELL:	
ADDRESS:			
* Copies of	legal descriptions may be attached	ched *	
LOT: BLOCK:	ADD	ITION:	
	IN FIRE ZONE:		
NEW CONSTRUCTION:			
STRUCTURAL ALTERATION:			
MATERIAL OF: Foundation			
OUTSIDE DIMENSIONS: Length			
Type of roof Heating system			
COST OF ESTIMATE: Material			
Contractor:			
		Phone:	
Electrician:			
	ZONING DATA		
DISTRICT: HEIGHT:	MINIMUM SETBACK: Fro	ont Side Street	
Side yard: Rear	yard depth	Courts	
Occupancy of other structures on lot			
Percentage of occupied by other structures	By propo	osed structure	
Occupancy or use other than residential	Sanitary	facilities	
All the requirements of the Zoning Ordinance an location of the structure described in the foregoing regulations) will be strictly complied with.			
I hereby certify that all the statements hereinabo hereby apply for a Building Permit.	ve contained are true, correct	to the best of my knowledge and belief, and	
Applicant signa	ture	Date	
APPLICATION APPROVED AS STATED ABO	OVE.		
Approved this day of, 20	_ by	Chairman, Hemingford Village Board	
		Contractor	

## SCALE PLAT FOR BUILDING PERMIT

Indicate by scale plat in space below, proposed and present structures, dimensions of same and distance from lot and

building lines and dimensions of yard an courts. If any existing structures are to be removed, so indicate.		
Show streets and alleys.		