TOWN OF WESTVILLE IMPROVEMENT LOCATION PERMIT APPLICATION

Please fill out the following information and we will call you when your permit is ready for pick-up. **NOTE: PLEASE ALLOW UP TO ONE MONTH TO PROCESS YOUR PERMIT.

DATE:		ZONING DISTRICT	
NAME/OWNER:			
ADDRESS OF PROPERTY:		PHONE	
ARE YOU DOING THE WORK YO	OURSELF: Y/N		
CONTRACTOR:	PHONE		
CONTRACTOR ADDRESS:			
TYPE OF WORK TO BE DONE:_			
COMPLETE ANY OF THE FOLLO	OWING THAT APPLY:		
SIZE OF STRUCTURE:	TOTAL SQ FEET:_	HEI	GHT:
FRONT SETBACK:	REAR SETBACK:	SIDE	SETBACKS:
COMPLETE SECTION BELOW FOR RANCH BI-LEVEL SQ FEET PER LEVEL: MAIN FINISHED BASEMENT: Y/N TOTAL LIVING AREA REAR DECK/PORCH: Y/N IF Y/N	TRI-LEVEL/QUAD UPPER IS THE BASEMENT A DAYL GARAGE	LOWER LIGHT: Y/N WAI E: Y/N IF YES, SIZ	LKOUT: Y/N ZE:
REAR DECK/PORCH: Y/N IF Y	ES, SIZE: FRON	I PORCH: Y/N I	F YES, SIZE
GENERAL INFORMATION:			
WAS A SURVEY DONE: Y/N			
ESTIMATED COST OF ENTIRE P	ROJECT:		
**YOU MUST ALSO PROVIDE A **IF YOUR CONTRACTOR IS US BE REGISTERED WITH THE T	SING SUB-CONTRACTORS THE		_
SIGNATURE	PRI	NTED NAME	