

BUILDING PERMIT APPLICATION

TOWN OF THAYNE
P. O. BOX 298
THAYNE, WY 83127

Date Submitted _____

Applicant _____ Address _____

Type of Building _____ Telephone _____

Specific Location _____

Estimated Completion Date _____ Required Completion Date *(18) months from approval*

Number of Levels _____ Location (basement, ground level, etc.) _____

Size (if all levels are not the same width, length and height specify such)
Width _____ Length _____ Height _____ Area sq. ft. _____

Wall Construction _____ Floor & Ceiling _____

Roof Construction _____ Intended Use _____

Wiring (in accordance with electrical code) _____ Heating _____

Business License's required for all contractors and sub-contractors

Names of Contractors and Sub-contractors _____

WE REQUIRE A 72-HOUR NOTICE FOR WATER AND SEWER HOOK-ONS.

On the back of this permit show a drawing including all information necessary for location of structure, size, existing buildings, surrounding landowners, distance to property lines, existing street and names.

SIGNATURE OF APPLICANT _____

Approved Date _____ x _____

Disapproved x _____

Planning and Zoning Commission

Comments _____

Building Subject to Inspection