



# Town of Wyoming

## New Construction Building Permit Application

(Includes projects requiring plumbing, electrical, HVAC to be installed or moved.  
Examples: Additions, Detached Garage, Enclosed Porch, New Construction, Remodeling)

The undersigned applicant, as the owner, hereby makes an application in accordance with Ordinance #9-11 and all Amendments of the Town of Wyoming

**PROPERTY INFORMATION:**

**Application Date:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Map # (PIDN): \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

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**OWNER INFORMATION:**

Owner Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

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**PROJECT INFORMATION:**

Type of Project / Improvement: \_\_\_\_\_

Material Cost: \_\_\_\_\_ Labor Cost: \_\_\_\_\_ Total Cost of Project: \_\_\_\_\_

Are contractor and/or subcontractors being used? Yes No

*If YES, fill in Contractor information on next page*

Lot Area: \_\_\_\_\_ Building Area: \_\_\_\_\_ Parking Area: \_\_\_\_\_

Living Area: \_\_\_\_\_ Basement Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_

Stories: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Full Bath: \_\_\_\_\_ Partial Bath: \_\_\_\_\_

Garages: \_\_\_\_\_ Windows: \_\_\_\_\_ Fireplace(s): \_\_\_\_\_ Elevators: \_\_\_\_\_

Street Frontage: \_\_\_\_\_ Height Above Grade: \_\_\_\_\_

Setbacks (ft.): Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

**CONTRACTOR INFORMATION:** (valid Town of Wyoming License required - reference Ordinance #10-07)

Contractor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

**FOR OFFICE USE ONLY**

Total Cost of Project: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Inspection Fees: \_\_\_\_\_ CofO Fee: \_\_\_\_\_

Fire Company Fee: \_\_\_\_\_ Total Permit Cost: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Date Payment Rcvd: \_\_\_\_\_ Rcvd by: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Building Inspector Signature: \_\_\_\_\_

Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Comments: