



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 #50-20 and all Amendments of the Town of Wyoming

Please Note: Allow 24 Business hours for Certificate of Occupancy to be issued. All permits must have final inspections from First State Inspection Agency, Inc & Camden Wyoming Sewer & Water Authority. If any additional fees apply they must also be paid in full before release of Certificate of Occupancy.

PROPERTY INFORMATION:

Application Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Map # (PIDN): _____ Current Zoning: _____

Subdivision: _____ Lot Number: _____

OWNER INFORMATION:

Owner Name: _____

Signature: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Office: _____ Cell: _____

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: _____

No. of Stories: _____ Bedrooms: _____ No. of Bath: _____ Partial Bath: _____

Garages: _____ Deck Dimensions: _____ Fireplace(s): _____ Porch Dimensions: _____

Street Frontage: _____ Height Above Grade: _____

Setbacks (ft.): Front: _____ Rear: _____ Left: _____ Right: _____

CONTRACTOR INFORMATION: (valid Town of Wyoming License required - reference Ordinance #55-20)

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

Value: _____ Permit Fee: _____ Plan Review: _____ Inspection Fees: _____

CofO Fee: _____ Fire Company Fee: _____ Total Permit Cost: _____

Payment Method: _____ Date Payment Rcvd: _____ Rcvd by: _____

Permit #: _____ Date Issued: _____