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: ____________________________

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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: ____________