## City of Todd Mission

## Residential Building Permit Application

Building Permit Number:						
Project Address:	•	***				
Lot:	Block:	Subdivision:				
	NEW SFR	SFR REMODEL  ME	ADDITION		SPECIFY OTHER:	T
FENCE ACCESSORY			RRIGATION		SWIMMING POOL	
Description of Work:						
Area Square Feet:		Covered				
Living:	Garage:	Porch:		Total:		Number of stories:
Owner Information:						
Name:		:	Contact	Person:		
Address:			Jonas	1 0100111		<u></u>
•		P* \$1			B# - b 11 - b1 5	
Phone Number:		Fax Number:			Mobile Number:	
General Contractor		Contact Person	  Ph	one Num	ber	Contractor License Number
Mechanical Contractor		Contact Person	l IPH	one Num	ber	L Contractor License Number
Electrical Contractor		Contact Person		Phone Number		Contractor License Number
		•				
Plumber/Irrigator		Contact Person		Phone Number		Contractor License Number
A permit becomes null and vo						
abandoned for a period of 180 o	days at any	time after work is commence condition. All permit				ctrical, plumbing, and heating/
		·	•	•		
I hereby certify that I have governing this type of work wil		examined this application and led with whether specified or r				
		f any other state or local law re				
Signature of Applicant:					Date:	
OFFICE USE ONLY:				········	-	
Approved by:			Date appr	oveq.		
Approved by.			Date appi	oveu.	L	
Building Permit Fee:		Water Connection Fee:			Total Fees:	i
Plan Review Fee:			***************************************		Issued Date:	
Electrical Permit Fee:		Meter Cost:			Issued By:	
Mechanical Permit Fee:		Meter Inspection Fee:			·	
Plumbing Permit Fee:						
		- ·			many of plane as a second	
of Todd Misso					BV Project #	