Town of Eaton

COUNTER BUILDING PERMIT

PERMIT #____EAT-____

PROPERTY OWNER		PHONE		
MAILING ADDRESS	(ADDRESS / CITY / STATE / ZIP)			
SITE ADDRESS				
EMAIL ADDRESS:				
PARCEL #	OR SUBDIVISION		_ LOT	BLOCK
GENERAL CONTRACTOR				
Name:	Phone No.	Alternate Phone No.		
Mailing address:				
E-mail Address:	Town License No.			
PLUMBING CONTRACTOR				
Name:	Phone No.	Alternate Phone No.		
Mailing Address				
E-mail Address:	Town License No.	State Lic. #		
ELECTRICAL CONTRACTOR				
Name:	Phone No.	Alternate Phone No.		
Mailing Address:				
Email Address:	Town License No.	State Lic. #		
MECHANICAL CONTRACTOR				
Name:	Phone No.	Alternate Phone No.		
Mailing Address:				
Email Address	Town License No.			

FURNACE/AC	GAS FIREPLACE	GAS LINE	EL	ECTRICAL	WATER LINE	WORK TO BE DONE IN:
□ NEW	□ NEW	□ NEW	□ NE	W	□ NEW	
			🗆 RE	PAIR		
BTU's:		□ U/G	□ ME	TER	□ U/G	STORAGE SHED
AC Size:	LAWN SPRINKLERS				BACKFLOW	AG EXEMPT BLDG
WATER HEATER	NEW	PIPE SIZE:	□ OV	/ERHEAD		
WOOD STOVE		LENGTH:	□ U/0	G	PIPE SIZE:	□ RE-Roof : # of Square
□ NEW					LENGTH:	
			AMPS:			
TOTAL VALUATION (LABOR & MATERIALS):					MATERIAL	S: \$
TYPE OF SEWER:	TYPE	OF WATER:		HEATING P	ROVIDER:	ELECTRIC SERVICE PROVIDER:
□ PUBLIC: □ PRIVATE: (SEPTIC) PERMIT # _		ELIC: /ATE: VELL □ CISTERN PERMIT #		□ NAT. GAS □ PROPANE □ ELECTRIC □ APPLIANC	E: D:	□ XCEL □ OTHER SIZE OF SVC:AMPS

★PERMITS EXPIRE IF NO PROGRESS IS MADE AFTER 180 DAYS OF ISSUANCE AND BETWEEN INSPECTIONS.★

INCLUDE A DESCRIPTION OF THE WORK BEING DONE LISTING THE INTENDED USE

NOTICE: The applicant, his agents, and employees, shall comply with all the rules, restrictions, and requirements of the Town for the construction, and erection of the above proposed work for which the permit is granted. The Town or its agents are authorized to order the immediate cessation of construction at any time a violation of the codes or regulations appears to have occurred. By my signature below I agree to pay all fees associated with this application and follow all adopted ordinances and codes adopted by the Town.

APPLICANT INFORMATION AND ACKNOWLEDGEMENT OF NOTICE

Phone:		Email:	
Address:		RECEIVE EMAIL NOTIFICATIONS: YES NO	
Staff Signature:	Date:	Applicant Signature:	Date: