

**CITY OF GARRETT
APPLICATION FOR PERMIT**

PLEASE PRINT

Date: _____

Permitted Address: _____

Business Name: _____

Owner Name: _____ Phone # _____

Owner Address: _____

Owner City/St/Zip: _____

Class or Work: NEW ADDITION ALTERATION REPAIR MOVE REMOVE

Contractor: _____ Phone # _____

Contractor Address: _____

Contractor City/St/Zip: _____

Sub-Contractors: Electrical _____ Phone # _____

Plumbing _____ Phone # _____

HVAC: _____ Phone # _____

Slab: _____ Phone # _____

Framer: _____ Phone # _____

Appraisal District Property # _____

Property Legal Description: Addition: _____

Block: _____ Lots: _____

Zoning District: _____ Setbacks: F _____ S _____ R _____

Building Occupancy: _____ Building Type: _____

Sq. Ft. due to this Permit: _____ @ \$ _____ per sq ft = _____

Permit Fee: _____ Pay Method _____

Inspection Fees _____ Pay Method _____

Applicant Signature: _____ Date: _____

Signature indicates the Applicants willingness to comply with the Codes of the City of Garrett as well as verifies that listed Sub-Contractors are registered with the city and are being used to do the work. The City of Garrett is not responsible for any encroachments caused by misrepresentation, intentional or accidental, by the Applicant. Signature also indicates that Applicant, on their own or as a representative of the Owner, agrees to obtain a Certificate of Occupancy, or a Temporary (30 Day) Certificate of Occupancy PRIOR to occupying the building and understands that failure to obtain a CO shall result in progressive action by the City which could include charges being filed in Municipal Court.

Issuer Signature and Date: _____