

## **BUILDING PERMIT**

Name:		
Address:		
Phone:	Email:	
Project Address:		
A. Must provide 911 address	if new construction	
B. Port-a Potty must be on si	te for new construction	
C. Dumpster must be on site	for new construction	
New Structure	Structure Addition	Accessary Bldg.
PLANS ATTACHED: Y	N	
Contact Person (if not the Ow	ner)	

## Please Read Carefully!!!

This permit becomes null and void after 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after wok is commenced.

I hereby certify that I have read and examined this application and its attachments and know the same to be true and correct. All provisions of laws and ordinances governing this application will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

## \*\*\*\*\*\*PERMIT FEE\*\*\*\*\*\*\*

Payment of this fee is non-refundable. This is a processing fee for the application process by the City.

The fee is \$.20 per foot with a minimum t	Cee of \$50.00
square feet x \$.20 = \$	
Inspection Fee: \$	
Signature of Applicant:	
Date:	
Paid by:CASHC	HECK ACH
APPROVED by Hawkins City Council or	n day of2023.
Mayo	r
City S	lecretary