**TOWN OF BASIN**

**BUILDING PERMIT APPLICATION**

**209 SOUTH 4th STREET TEL 307-568-3331**

**PO BOX 599 FAX 307-568-9352**

**BASIN, WYOMING 82410**[***www.thetownofbasin.com***](http://www.thetownofbasin.com)

**DATE: PERMIT NO:**

JOB ADDRESS

LOT NO: BLK TRACT SEE ATTACHED DEED

OWNER:

MAILING ADDRESS

POINT OF CONTACT Phone #

BUILDING FRONT SIDE SIDE REAR BUILDING LENGTH WIDTH

SET BACKS DIMENSIONS

BASEMENT YES FOUNDATION: CONCRETE ROOF: Comp

NO BLOCK Builtup

CLASS OF WORK NEW ADDITION DEMOLITION REPAIR MOVE FENCE

USE OF BUILDING

Describe work: (attaché plans)

Valuation of work $

REMARKS AND SPECIAL CONDITIONS

AGREEMENT

*This permit becomes null and void if work or construction authorized is not commenced within 120 days, or if construction or work is suspended or abandoned for a period of 365 days at any time after work is commenced.*

*The undersigned hereby agrees that the proposed work shall be done in accordance with the plans and specifications and statement herewith submitted and in conformity with the provisions of the town ordinances pertaining to the erection of buildings in the Town of Basin, Wyoming. Demolition work to be completed in 30 days unless otherwise noted under remarks.*

PLANS CHECK BY: PERMIT FEE: $

APPLICANT DATE

BUILDING OFFICIAL DATE