## **WEBSTER COUNTY**

## **BUILDING PERMIT**

Receipt # \_\_\_\_\_

Job Address:					# of Acres in Project:			
1)	Land Lot:	Land District:						
	Owner Mailing address					Zip	Phone	
3)	Size of Building:							
4)	Class of work: ( check one )	New	Addition	Alteration	Repair	Move	Demolition	
5)	Describe work:						Ę	
6)	Estimated value of work: \$					# of bathrooms		
7)	) Contractor's name address & phone number:							
		Do Not	t Write Belo	w This Line: (	OFFICE US	E ONLY		
Specia	al conditions:							
-								
Application accepted by:					Date	Date		
Plans checked by:					Date	Date		
Approved for insurance by:					Date			
Rema	rks							
Specia	al Approvals:	R	Req'd	Rec'o	i	Not requir	red	
Health	Dept. (septic tan	k)						