

TELEPHONE 307 326-8335

# TOWN OF SARATOGA BUILDING PERMIT APPLICATION

BOX 486  
SARATOGA, WYOMING 82331

**IMPORTANT - Complete ALL items. Mark boxes where applicable.**

I. LOCATION OF BUILDING		Number and Street	Subdivision	Lot	Block
N S					
E W side of _____		feet E W from intersection of _____			
(Other local geographic, political, or legal subdivision identification)					

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT		D. PROPOSED USE - For "Wrecking" most recent use	
1 <input type="checkbox"/> New building	Residential	18 <input type="checkbox"/> Amusement, recreational	Nonresidential
2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)	12 <input type="checkbox"/> One family	19 <input type="checkbox"/> Church, other religious	18 <input type="checkbox"/> Amusement, recreational
3 <input type="checkbox"/> Alteration (See 2 above)	13 <input type="checkbox"/> Two or more family — Enter number of units	20 <input type="checkbox"/> Industrial	19 <input type="checkbox"/> Church, other religious
4 <input type="checkbox"/> Repair, replacement	14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units	21 <input type="checkbox"/> Parking garage	20 <input type="checkbox"/> Industrial
5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)	15 <input type="checkbox"/> Garage	22 <input type="checkbox"/> Service station, repair garage	21 <input type="checkbox"/> Parking garage
6 <input type="checkbox"/> Moving (relocation)	16 <input type="checkbox"/> Carport	23 <input type="checkbox"/> Hospital, Institutional	22 <input type="checkbox"/> Service station, repair garage
7 <input type="checkbox"/> Foundation only	17 <input type="checkbox"/> Other — Specify _____	24 <input type="checkbox"/> Office, bank, professional	23 <input type="checkbox"/> Hospital, Institutional
B. OWNERSHIP		25 <input type="checkbox"/> Public utility	24 <input type="checkbox"/> Office, bank, professional
8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)		26 <input type="checkbox"/> School, library, other educational	25 <input type="checkbox"/> Public utility
9 <input type="checkbox"/> Public (Federal, State, or local government)		27 <input type="checkbox"/> Stores, mercantile	26 <input type="checkbox"/> School, library, other educational
		28 <input type="checkbox"/> Tanks, towers	27 <input type="checkbox"/> Stores, mercantile
		29 <input type="checkbox"/> Other — Specify _____	28 <input type="checkbox"/> Tanks, towers
			29 <input type="checkbox"/> Other — Specify _____

C. COST

10 Cost of improvement ..... \$ \_\_\_\_\_  
*To be installed but not included in the above cost*

a. Electrical ..... \$ \_\_\_\_\_

b. Plumbing ..... \$ \_\_\_\_\_

c. Heating, air conditioning ..... \$ \_\_\_\_\_

d. Other (elevator, etc.) ..... \$ \_\_\_\_\_

11 TOTAL COST OF IMPROVEMENT \$ \_\_\_\_\_

(Omit cents)

Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

### III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings and additions, complete Parts E—L; for wrecking, complete only Part J, for all other skip to IV.

E. PRINCIPAL TYPE OF FRAME	G. TYPE OF SEWAGE DISPOSAL	J. DIMENSIONS
30 <input type="checkbox"/> Masonry (wall bearing)	40 <input type="checkbox"/> Public or private company	48 Number of stories .....
31 <input type="checkbox"/> Wood frame	41 <input type="checkbox"/> Individual (septic tank, etc.)	49 Total square feet of floor area, all floors, based on exterior dimensions .....
32 <input type="checkbox"/> Structural steel	H. TYPE OF WATER SUPPLY	50 Total land area, sq. ft. ....
33 <input type="checkbox"/> Reinforced concrete	42 <input type="checkbox"/> Public or private company	K. NUMBER OF OFF-STREET PARKING SPACES
34 <input type="checkbox"/> Other — Specify _____	43 <input type="checkbox"/> Individual (well, cistern)	51 Enclosed .....
F. PRINCIPAL TYPE OF HEATING FUEL	I. TYPE OF MECHANICAL	52 Outdoors .....
35 <input type="checkbox"/> Gas	Will there be central air condition?	L. RESIDENTIAL BUILDINGS ONLY
36 <input type="checkbox"/> Oil	44 <input type="checkbox"/> Yes      45 <input type="checkbox"/> No	53 Number of bedrooms .....
37 <input type="checkbox"/> Electricity	Will there be an elevator?	54 Number of bathrooms
38 <input type="checkbox"/> Coal	46 <input type="checkbox"/> Yes      47 <input type="checkbox"/> No	Full ..... Partial .....
39 <input type="checkbox"/> Other — Specify _____		

### IV. IDENTIFICATION — To be completed by all applicants

Name		Mailing address — Number, street, city, and State		ZIP code	Tel. No.
1. Owner					
2. Contractor					
3. Architect					
The owner of this building and the undersigned agree to conform to all applicable laws of (name of permit jurisdiction).					
Signature of applicant		Address		Application date	

**DO NOT WRITE IN THIS SPACE — FOR OFFICE USE**

Approved by \_\_\_\_\_ Permit fee \$ \_\_\_\_\_ Date permit issued \_\_\_\_\_ Permit number \_\_\_\_\_