

TOWN OF FAIRVIEW COMMERCIAL & RESIDENTIAL CONSTRUCTION ONLY

Project Address	S	Subdivision/Lot/Block	
Scope of Work			
Property Owner (Name, Address, l	Phone, & Email)		
General Contractor (Name, Addre	ss, Phone, & Email)		
Electrical Contractor: Plumbing Contractor: Mechanical Contractor: Fire Suppression Contractor:		Phone:	_
		Phone:	_
			_
			_
Fire Alarm Contractor:		Phone:	_
	contracted with Allied/Republations (1900) (_(Anything over \$10,000 in valuation of work requilic-972-422-2341. You can list anyone of your choice CT INFORMATION	
RESIDENTIAL WORK BEING DONE: New Residential Construction Addition/Alteration/Remodel Detached Accessory Structure Residential Demo		TYPE: □ SFR(Detached) □Townhome/Duplex (Att	ached)
Valuation of work \$: only)	(not required for <u>NEW RESII</u>	DENTIAL CONSTRUCTION ONLY, however suggeste	d for record keeping purposes
Square Footage	_in/ft(Total under roof)		
Sewer Septic			
Subject property is or is not	within the flood hazard area.	Required lowest floor elevation is	·
COMMERCIAL WORK BEING I	DONE:		
□ New Construction (Shell) □ New C		tion/Remodel □ Commercial Demo	
Business/Tenant Name:	Valuation of work \$:	Square Footagein/	ft
Electric Provider:	Gas Provider:	Note: Please allow 7-10 bus	iness days for processing
of Fairview Code of Ordinances and any other a ordinances of the Town, regardless of informati olumbing, electrical, mechanical, work to be pe- permits are needed for those trades. However, the permit is obtained for work other than new built	applicable ordinance. This permit is used toon and/or plans submitted. SCOPE OF frformed in the construction of the build the permit holder is required to use only se dings and additions, separate permits mu		\$s \$s struction. No separate subcontractor equirement is applicable. If this
APPLICANT SIGNATURE FOWN APPROVED		DATEPLAN REVIEW DATE	
PICKUP SIGNATURE		TEAT REVIEW DATE	