

TOWN OF ARGYLE BUILDING PERMIT APPLICATION

PROPERTY OWNERS NAME _____ **DATE** _____

APPLICANT IF NOT THE SAME _____

PROPERTY LOCATION _____ **PHONE** _____

TAX MAP # _____

ESTIMATED COST OF PROPOSED CONSTRUCTION \$ _____

Single Family _____ Two Family _____ Multi Family _____

No. of Stories _____ No. of Bedrooms _____ No. of Bathrooms _____

Type of Siding _____ Heat Type _____

Total Number of Rooms not Counting Bathrooms _____

Please circle one

In ground pool yes/no **Fireplace** yes/no **Central Air** yes/no

Basement Full Partial Slab Crawl

Total Square Feet Above Grade _____ Finished Basement Area _____

Basement Garage Dimensions _____ Finished Attic Area _____

RESIDENTIAL OUTBUILDINGS OR IMPROVEMENTS

Detached Garage _____

Porch and/ or Deck _____

Residential Storage Shed _____

Renovations or Major Repair _____

Other _____

IF not residential construction project please fill in the appropriate category and briefly describe type, size of the building and proposed use.

COMMERCIAL _____

AGRICULTURAL _____