

**TOWN OF AKRON  
 PERMIT APPLICATION FOR  
 BUILDING, REMODELING, DEMOLISHING, OR MOVING**

Property Owner \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Property Address: \_\_\_\_\_

**Type of Permit:**

- |   |   |
|---|---|
| <input type="checkbox"/> Residential                          | <input type="checkbox"/> Commercial             |
| <input type="checkbox"/> New Construction                     | <input type="checkbox"/> Remodeling or Addition |
| <input type="checkbox"/> Cement Work:<br>Curb/Gutter/Sidewalk | <input type="checkbox"/> Fence                  |
| <input type="checkbox"/> Pre-move Inspection                  |   |

**Contractor:** \_\_\_\_\_ **Plumber:** \_\_\_\_\_  
**Architect:** \_\_\_\_\_ **Electrician:** \_\_\_\_\_

Describe the nature of work to be done: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Building Size: \_\_\_\_\_ No. Stories: \_\_\_\_\_

Proposed Use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please attach a plot plan showing the placement of structure, the grades, elevations, sidewalks, curbs and gutters, along with any other pertinent information.

I hereby acknowledge that I have read this application and that the information given is correct. I agree to comply with Town and State laws regulating construction, and certify that this construction is not related to the production or dispensing of marijuana. This application is not a permit until approved and signed by the Building Inspector and fees are paid.

Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*TOWN USE ONLY\*\***

<b>ITEM</b>	<b>VALUATION</b>	<b>FEE</b>	<b>RECEIPT NO.</b>
Building	_____	_____	_____
Cement Work	_____	_____	_____
Pre-move	_____	_____	_____
Other.	_____	_____	_____
Amount Due	_____	_____	_____
<b>OFFICE #'S</b>			

<b>BP</b>	<b>CoT</b>	<b>CiT</b>	<b>Rec</b>	<b>Total</b>
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