

Date Received at City Hall \_\_\_\_\_

**CITY OF BRIDGEWATER**

**ZONING/BUILDING PERMIT APPLICATION**

**PROPERTY INFORMATION**

OWNER OR BUSINESS NAME \_\_\_\_\_

ADDITION _____	LOT _____	BLOCK _____
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LEGAL DESCRIPTION \_\_\_\_\_

SECTION _____	TOWNSHIP _____	RANGE _____
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**Zoning class:**

A-1 Agricultural District  
 R-1 Residential District  
 C-1 Commercial District  
 I-1 Industrial District

**Variance** \_\_\_\_\_

**Conditional Use** \_\_\_\_\_

**TYPE OF IMPROVEMENT**

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition
<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair/Replace
<input type="checkbox"/> Move On/Relocate	<input type="checkbox"/> Change In Use
<input type="checkbox"/> Other/Specify _____	<input type="checkbox"/> Building Removal

Use _____	Type of Construction Required _____
Sewer _____	Type of Foundation _____

**SITE PLAN**

(Include distance from all lot lines) \_\_\_\_\_ Attached

**APPLICANT**

Name _____	Phone _____
Address _____	City _____
	Zip _____

**CONTRACTOR/DESIGNERS**

General _____	
Sewer _____	Plumbing _____
Architect _____	

**ZONING/BUILDING PERMIT**

**THIS IS YOUR PERMIT AND RECEIPT WHEN PROPERLY VALIDATED**

DESCRIPTION OF WORK AND USE: \_\_\_\_\_

CONDITIONS/LIMITATIONS: \_\_\_\_\_

I, the undersigned do hereby affirm the above statements are true and correct and agree to comply with the provisions of the regulations of Bridgewater and the approved plans and specifications accompanying this application. The proposed work is authorized by the owner and authorization to enter the property for inspection purposes is hereby given to authorized representatives of Bridgewater.

\_\_\_\_\_ Owner     \_\_\_\_\_ Contractor     \_\_\_\_\_ Owners Representative

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Calculations/Costs: \_\_\_\_\_

**APPROVAL**

_____ Planning Commission	_____ Date
_____ City Council	_____ Date

Building Permit Cost
Late Fee
Total Permit Fee

**CASH**

**CHECK**

\_\_\_\_\_

Initial By City Finance Officer

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