Application for Building Permit Endorsement

Property Owner:
Property Address:
Mailing Address (if different from above):
Phone Number:
Block: Lot(s):
Description of Project (include dimensions, number of bathrooms/bedrooms if applicable:

Proposed starting date:	Proposed completion date:

If the project is an addition to an existing structure, a new structure, or an additional deck, porch, fence or the like, please include a sketch of the property which shows the distance from all structures and appurtenances to the boundary lines of the property and be sure to indicate which boundary is

_____ _____

Per Section 18-5 of the Glasgow Town Code the Zoning Administrator has 10 business days to determine if the project complies with Town zoning regulations and that delinquent real estate taxes have been paid. If approved, this application will be signed and sealed and returned to the applicant at the address indicated above. If denied, the application will be returned along with a letter stating the reason(s) for the denial and an

To Be Completed by Town

Date Rcvd	Fee Y N	Sketch Y N N/A	Taxes Y N

Approved	Denied

Zoning Administrator:	Date