## **TOWN OF ALTO PERMIT APPLICATION**

NAME & MAILING ADDRESS:	PERMIT #:
	TYPE:
	MAP & PARCEL:
911 ADDRESS:	PHONE # / EMAIL:
IS THE APPLICANT THE PROPERTY OWNER?  YES NO  IF NOT PLEASE LIST CONTACT INFO HERE	PROPERTY OWNER:
ACREAGE:	IS THERE A CREEK / STREAM?
IS THERE A STRUCTURE ALREADY THERE? IF YES, PLEASE DESCRIBE:	PLEASE DESCRIBE WORK TO BE DONE:
CONTRACTOR NAME & CONTACT INFO:	COPY OF PHOTO ID / LICENSE?
	COPY OF CONTRACTOR LICENSE OR CERTIFICATION?
APPLICATION IS HEREBY MADE ACCORDING TO OF THE TOWN OF ALTO TO CONSTRUCT AND/O DESCRIBED ON THIS APPLICATION AND ATTACH CONFORM TO ALL LAWS, ORDINANCES AND RE SIGNATURE BELOW, I CERTIFY THAT THE APPLIC CORRECT.	R OCCUPY AND USE THE STRUCTURE IMENTS. IF A PERMIT IS ISSUED, I AGREE TO SOLUTIONS REGULATING THE SAME. BY MY
APPLICANT	DATE
ADMINISTRATION	TOTAL PAID
TOWN SEAL:	