

# CITY OF YORK – PERMIT APPLICATION

DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

PERSON DOING WORK: \_\_\_\_\_ CONTRACTOR OR OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STATE LICENSE NUMBER: \_\_\_\_\_

## TYPE OF PERMIT

BUILDING: \_\_\_\_\_ MECHANICAL: \_\_\_\_\_ DEMOLITION: \_\_\_\_\_  
ELECTRICAL: \_\_\_\_\_ PLUMBING: \_\_\_\_\_ SIGN: \_\_\_\_\_  
OTHER: (description): \_\_\_\_\_

ADDRESS OF CONSTRUCTION	PROPERTY OWNER INFORMATION
ADDRESS: _____	OWNERS NAME: _____
CITY: _____ STATE: _____ ZIP: _____	ADDRESS: _____
SUBDIVISION: _____ LOT #: _____	CITY: _____ STATE: _____
TAX MAP # _____	ZIP: _____ TELEPHONE: _____
ZONING DISTRICT: _____ Is property in the HISTORICAL DISTRICT? _____ Date of Historical Commission Approval if applicable: _____	

## DESCRIPTION OF WORK

\_\_\_\_\_

Heated Sq. Ft. \_\_\_\_\_ Garage Sq. Ft. \_\_\_\_\_ Stories: \_\_\_\_\_  
Porch/Deck Sq. Ft. \_\_\_\_\_ Basement Sq. Ft. \_\_\_\_\_ Bonus Room Sq. Ft. \_\_\_\_\_  
Accessory/storage building Sq. Ft. \_\_\_\_\_ Valuation of work: \$ \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_