



Town of Mills  
 704 Fourth Street / PO Box 789  
 Mills, WY, 82644  
 307-234-6679

Permit # \_\_\_\_\_

Fee \$ \_\_\_\_\_

## Building Permit Application

**Applicant to Complete Numbered Spaces Only.**

<b>JOB ADDRESS:</b>					
<b>1. LEGAL DESCRIPTION:</b>	<b>LOT #</b>	<b>BLOCK</b>	<b>ADDITION</b>		
<b>2. OWNER INFORMATION:</b> Name: _____		<b>3. CONTRACTORS INFORMATION:</b> LICENSE# _____ Name: _____			
ADDRESS: _____		ADDRESS: _____			
TELEPHONE: _____		TELEPHONE: _____			
<b>4. ARCHITECT/ENGINEER:</b>					
<b>5. USE OF BUILDING:</b>					
<b>6. CLASS OF WORK:</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> REMODEL					
<b>7. DESCRIPTION OF WORK:</b>					
<b>8. WORK BEING DONE IN FLOOD ZONE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>9. VALUATIONS OF WORK: \$</b>			
<b>SPECIAL CONDITIONS:</b>		<b>PLAN CHECK FEE: \$</b>	<b>PERMIT FEE: \$</b>		
		<b>TYPE OF CONSTRUCTION:</b>	<b>OCCUPANCY GROUP:</b>		
		<b>Total Sq. Ft. Of Building:</b>	<b>Number of Stories:</b>		
		<b>Max Occupancy Load:</b>	<b>No. Dwelling Units:</b>		
<p style="text-align: center;"><b>NOTICE</b></p> <p>SEPARATE PERMITS ARE REQUIRED FOR PLUMBING, HEATING, VENTILATION OR AIR CONDITIONING. <b>ELECTRICAL PERMITS ARE ISSUED BY NATRONA COUNTY.</b></p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION WORK IS, SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>		<b>Fire Sprinkler Required:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
		<b>Special Approvals</b>	<b>Required</b>	<b>Received</b>	<b>Not Required</b>
		ZONING			
		SOIL REPORT			
		ENGINEERING			
		HEALTH DEPT.			
		FIRE DEPT.			
		OTHER (Specify)			
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____		<b>Application Accepted By:</b>			
SIGNATURE OF OWNER (IF OWNER BUILDER) _____ DATE _____		<b>PLANS CHECKED BY:</b>			
		Building Inspector: _____			
		Town Planner: _____			
		Town Administrator: _____			

**WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT**

**PLAN CHECK VALIDATION: CHECK:**  **MONEY ORDER:**  **CASH:**       **PERMIT: CHECK:**  **MONEY ORDER:**  **CASH:**