



TOWN OF JACKSON

OFFICE OF THE SELECTMEN

BUILDING PERMIT RENEWAL APPLICATION

PROPERTY INFORMATION:

Location: _____

Owner Name: _____

Owner Address: _____

Parcel #: _____ Existing Permit #: _____

APPLICANT INFORMATION:

Name: _____ Daytime Phone #: _____

Address: _____

Email address: _____

Applicant's Signature: _____

PROJECT CONTRACTOR (if different from applicant):

Name: _____ Daytime Phone #: _____

Email address: _____

SCOPE OF WORK:

Project description: _____

RENEWAL FEE: \$ 50.00 Paid: Cash _____ or Check# _____

Date initial permit issued: _____ Permit # _____ Date renewed: _____

Additional comments: _____

Building Inspector signature: _____ Date: _____

Please note the Assessor will physically visit the property during construction and after