

THIS PAGE MUST BE COMPLETED IN FULL

Tax Map # _____ Owners Name _____

Project Address _____ Building Permit # _____

Exterior Wall Material:

wood brick aluminum/vinyl composition concrete stucco stone

	<u>New</u>	<u>Existing</u>
Number of Full Baths	_____	_____
Number of Half Baths	_____	_____
Number of Bedrooms	_____	_____
Fireplace <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Heat Type:

No central Forced Air Hot water/steam electric

Fuel Type:

none gas electric oil wood solar coal geothermal
 propane

Central Air: Yes No

Basement Type:

Pier/Slab Crawl Partial Full _____

Enclosed Porch/Sunroom:

Heated Unheated _____

Garage/Pole Barn:

Electricity Yes No _____

Floor Material

Dirt Concrete Other _____

Deck: covered uncovered

Dimensions: _____

Name: _____ Tax Map # _____