



TOWN OF CHINCOTEAGUE

Grading, Fill Permit Application

DATE: _____

JOB SITE _____

NAME OF _____

ADDRESS: _____

PROJECT: _____

PARCEL ID: _____ LOT: _____ BLOCK: _____ SUBDIVISION: _____

OWNER OF PROPERTY: _____

CONTRACTOR COMPANY NAME: _____

ADDRESS: _____

QUALIFIER NAME: _____

CITY, STATE, ZIP: _____

STATE LICENSE #: _____ COMP#: _____

PHONE: _____ FAX: _____

ADDRESS: _____

MOBILE/CELL: _____

CITY, STATE, ZIP: _____

FEE SIMPLE TITLEHOLDER (If other than owner): _____

PHONE: _____ FAX: _____

ADDRESS: _____

CONTACT PERSON: _____

CITY, STATE, ZIP: _____

MOBILE/CELL: _____

EMAIL: _____

EMAIL: _____

ARCHITECT/ENGINEER: _____ ADDRESS: _____

BONDING COMPANY: _____ ADDRESS: _____

MORTGAGE LENDER NAME: _____ ADDRESS: _____

DESCRIPTION OF WORK TO BE DONE:

CATEGORY TYPE: Residential Commercial FLOOD ZONE: _____ BASE FLOOD ELEV: _____

WETLANDS LOCATED ON PROPERTY

Building Pad within 'X' Zone - No Mitigation Required

Building Pad within any 100 Year Flood Zone - Full Mitigation Required

TOTAL VALUE JOB (MATERIAL & LABOR): _____

FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.

Applicants Signature: _____ Date: _____

Reviewed by: _____ (Building Div. - Permit Officer) Date: _____

Applicants Printed Name: _____

Received By: _____ (initials) Date: _____