

CITY CONSTRUCTION AUTHORIZATION

CITY OF: HAYWARD

DATE:

OWNER'S NAME: _____

ADDRESS: _____

PHONE: _____

SITE LOCATION: _____

PROPOSED STRUCTURE: _____

NEW ALTERATION REPAIR ADDITION MOVE DEMOLISH

LOT AREA: _____

SETBACKS: FRONT YARD: _____ SIDE YARD: _____ REAR YARD: _____

ESTIMATED JOB COST: \$ _____

BUILDING CONTRACTOR: _____
(ADDRESS AND PHONE) _____

SEWAGE CONTRACTOR: _____
(ADDRESS AND PHONE) _____

HEATING CONTRACTOR: _____
(ADDRESS AND PHONE) _____

PLUMBING CONTRACTOR: _____
(ADDRESS AND PHONE) _____

WELL CONTRACTOR: _____
(ADDRESS AND PHONE) _____

THIS PROPOSED PROJECT IS IN COMPLIANCE WITH THE REQUIREMENTS OF THE CITY OF HAYWARD AND PERMISSION IS GRANTED FOR ISSUANCE OF A BUILDING PERMIT BY THE COUNTY.

PROPERTY OWNER: _____

DATE: _____

CITY OFFICIAL: _____

DATE: _____

DO NOT START CONSTRUCTION UNTIL YOU RECEIVE YOUR BUILDING PERMIT AT THE FREEBORN COUNTY ENVIRONMENTAL SERVICES