



TOWN OF WRIGHT

BUILDING PERMIT APPLICATION

LOT & BLOCK #	ISSUE DATE:	Site Address:
SUBDIVISION	SHADED AREAS FOR OFFICE USE ONLY	

PROPERTY OWNER INFORMATION

Last Name:	
First Name:	
Mailing Address:	
City:	
State:	Zip Code:
Day Phone: ()	
Alternate Phone: ()	
Fax Number: ()	

GENERAL INFORMATION

Street Address:	
Project Sq Ft:	
Valuation:	
Zoning:	
Lot Size:	

WORK DESCRIPTION

CONTRACTOR INFORMATION

Company Name:
Phone Number:
Contact Name:
TOW License #:
License Class:

TYPE OF PERMIT

Commercial:
Residential:
New:
Addition:
TI/Remodel:
Demolition:
Accessory Building:

Structural:
Concrete:
Plumbing:
Mechanical:
Excavation:
Move-on:
Temporary Structure:

ZONING COMPLIANCE INSPECTION	Date:
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The owner or authorized agent for the owner of the subject property, being first duly sworn upon oath, makes the following statements. I guarantee access to the Town of Wright personnel and appropriate emergency service providers for the purpose of building inspections, zoning enforcement and the provision of emergency services. I agree to abide by all of the development laws of the Town of Wright. I understand that the filing of an application containing false or incorrect information, with the intent to avoid the licensing requirements of the Town Code of Wright Wyoming is a misdemeanor. With regard to all of the foregoing information set forth in this document, I certify under penalty of false swearing that the foregoing is true. I understand that if I knowingly provide any false information in this document, that I may also be prosecuted for False Swearing (Wyo. Stat. § 1-2-104), a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both.

Owner/ Agent/ Contractor's Signature: (Circle One)	Date: City: ST:
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