



CITY OF MILLS
EST. 1921

City of Mills
704 Fourth Street / PO Box 789
Mills, WY, 82644
307-234-6679

Permit # _____

Fee \$ _____

Building Permit Application

Applicant to Complete Numbered Spaces Only.

JOB ADDRESS:					
1. LEGAL DESCRIPTION:	LOT #	BLOCK	ADDITION		
2. OWNER INFORMATION: Name:		3. CONTRACTORS INFORMATION: LICENSE# _____ Name:			
ADDRESS:		ADDRESS:			
TELEPHONE:		TELEPHONE:			
4. ARCHITECT/ENGINEER:					
5. USE OF BUILDING:					
6. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> REMODEL					
7. DESCRIPTION OF WORK:					
8. WORK BEING DONE IN FLOOD ZONE: <input type="checkbox"/> YES <input type="checkbox"/> NO		9. VALUATIONS OF WORK: \$			
SPECIAL CONDITIONS:		PLAN CHECK FEE: \$	PERMIT FEE: \$		
		TYPE OF CONSTRUCTION:	OCCUPANCY GROUP:		
		Total Sq. Ft. Of Building:	Number of Stories:		
		Max Occupancy Load:	No. Dwelling Units:		
<p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR PLUMBING, HEATING, VENTILATION OR AIR CONDITIONING. ELECTRICAL PERMITS ARE ISSUED BY NATRONA COUNTY.</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION WORK IS, SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>		Fire Sprinkler Required: <input type="checkbox"/> YES <input type="checkbox"/> NO			
		Special Approvals	Required	Received	Not Required
		ZONING			
		SOIL REPORT			
		ENGINEERING			
		HEALTH DEPT.			
		FIRE DEPT.			
		OTHER (Specify)			
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____		Application Accepted By:			
SIGNATURE OF OWNER (IF OWNER BUILDER) _____ DATE _____		<p style="text-align: center;">PLANS CHECKED BY:</p> <p>Building Inspector: _____</p> <p>City Planner: _____</p> <p>City Administrator: _____</p>			

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION: CHECK: ☐ MONEY ORDER: ☐ CASH: ☐ **PERMIT:** CHECK: ☐ MONEY ORDER: ☐ CASH: ☐



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Plot Plan

(PLOT PLAN MUST BE COMPLETED AND ATTACHED TO ZONING CERTIFICATE APPLICATION.)



North →
(Circle One)

Scale - 1 square = ____/feet

Show Proposed Structures, Property Lines, Street Names, Dimensions and Existing Structures if Applicable.



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Zoning Certificate Application

PROPERTY ADDRESS:			
SUBDIVISION/ADDITION:		BLOCK:	LOT:
SECTION:	TOWNSHIP:		RANGE:
2. OWNER INFORMATION: Name: _____		3. CONTRACTORS INFORMATION: LICENSE# _____ Name: _____	
ADDRESS: _____		ADDRESS: _____	
TELEPHONE: _____		TELEPHONE: _____	
RESIDENTIAL	CHECK ALL THAT APPLY:		
	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> SINGLE-FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL		
	<input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> PATIO COVERS <input type="checkbox"/> CAR PORT <input type="checkbox"/> SHED		
	<input type="checkbox"/> DECKS/PORCHES <input type="checkbox"/> FENCE (Material: _____; Height: _____)		
	<input type="checkbox"/> OTHER _____ TOTAL SQUARE FOOTAGE _____		
COMMERCIAL	CHECK ALL THAT APPLY:		
	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> NEW USE <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION <input type="checkbox"/> MULTI-FAMILY		
	<input type="checkbox"/> OUT BUILDING <input type="checkbox"/> FREE STANDING SIGN <input type="checkbox"/> TEMPORARY SIGN <input type="checkbox"/> WALL SIGN		
	<input type="checkbox"/> PATIO COVERS <input type="checkbox"/> FENCE (Material: _____; Height: _____)		
	<input type="checkbox"/> OTHER _____ TOTAL SQUARE FOOTAGE _____		
List all existing structures, including size, on the subject parcel :			
Explain use/project in detail (Residence type, business name, type of business, materials to be stored, etc.)			
BUILDING SETBACKS			
FRONT: _____ REAR: _____ SIDE YARD: _____ CORNER: _____ CORNER LOT STREET SIDE: _____			
ZONING REQUIREMENTS			
FLOOD PLAIN DESIGNATION (100, 500, 1,000, NONE...): _____ ZONING DISTRICT: _____			
MAXIMUM HEIGHT: _____ MINIMUM LOT SIZE: _____ MINIMUM OPEN SPACE: _____			
REQUIRED PARKING: _____ REQUIRED LANDSCAPING: _____ OTHER: _____			
WATER: <input type="checkbox"/> YES <input type="checkbox"/> NO SEWER: <input type="checkbox"/> YES <input type="checkbox"/> NO FIRE HYDRANT WITHIN 500': <input type="checkbox"/> YES <input type="checkbox"/> NO			

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a zoning certificate does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Authorized Agent: _____ Date: _____

Comments, Conditions, Restrictions: _____

Approvals

City Planner: _____ Building Inspector: _____