

Minor Construction Permit Application

INFORMATION TO BE PROVIDED BY APPLICANT ~ ALL BLANKS MUST BE FILLED IN

PROJECT NAME:

Physical Address:

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Detailed Description of Work to be Completed (Intent of Permit):	0
APPLICANT/CONTRACTOR/CONSULTANTS:	
Owner:	Phone:
Tricia Reynolds	307-200-1580
Mailing Address:	
469 Grays River Loop, Alpine WY	
Contractor:	Phone:
Norse Construction LC	307.226.0430
Mailing Address:	1
246 Scrub Oak Dr. #7710 Star Valley RAnch. U	04 83127
Electrical Contractor:	Phone:
NIA	
Mailing Address:	
3	
Plumbing Contractor:	Phone:
NA	
Mailing Address:	
Mechanical Contractor:	Phone:
NA	
Mailing Address:	
Authorized Representative if different from Owner: Mike Hall-	Sorse Construction LLC
Little Fall !	Office Con 1311 We flort See

FOR USE BY TOWN: Date Received:	Permit #:	Use Zone:
	Payment: (Check#/Cash)	Date Paid: