

Commercial Building Permit Application

City of Argo

Date Submitted: _____

Permit Number: _____

Location of property _____
(Street address, Parcel ID, or Subdivision and lot #)

Type of Work

New Building Demolition Retaining Wall
 Building Addition Foundation Only Window Replacement
 Building Renovation Moving Structure Accessory Structure
 Roof/Siding Fence (over 7 feet) Other: _____

Structure Use

Assembly Institutional Business
 Mercantile Education Residential
 Factory/Industrial Storage High Hazard Utility/Misc.

Written description: _____

ADEM permit # Sewer or Septic Approval # Total Value of Project
_____ \$ _____

Property Owner Information:

Name: _____ Address: _____

Phone: _____ Email: _____

Contractor/Builder Information:

Name: _____ Address: _____

Phone: _____ Email: _____

**This is an APPLICATION ONLY.
All required documents must be
Submitted, Reviewed, and APPROVED
prior to a Permit being issued.**