



Deck Application

Lot Number: _____ **Subdivision:** _____
Blue River Physical Address: _____

Homeowner Information:

Name: _____
Mailing Address: _____
Phone: _____
Email: _____

Contractor Information

Company Name: _____
Contact Name: _____
Mailing Address: _____
Phone: _____
Email: _____
Contractor Registration #: _____

***Please note a Town of Blue River Business License is required for all businesses to conduct business in the Town of Blue River including contractors, sub-contractors and architects. ***

Description of Project:

____ New Deck ____ Repair/Rebuild Existing ____ Expansion

Submittal Requirements:

____ Survey/Plot Plan
____ Materials (attached)
____ Structural Stamped Plans (New/Expansion/or over 24" in height)-Electronic Required

Finished Sq. Feet: _____

Signature: _____ **Title:** _____ **Date:** _____