

Town of LaGrange / Building & Land change

Address: Street Address: _____
 Address 2: _____
 City, ST ZIP Code: _____

Phone: Phone number: _____
 Fax: Fax number: _____
 Email: Email address: _____

Building / Land - new construction, change of use

Map & Lot: _____
 Date: ____/____/____
 Customer ID: E911 _____

Owner: Name _____
 Street Address _____
 Address 2 _____
 City, ST ZIP Code _____

Book & Page: _____ / _____ Phone # () _____ - _____

Lot Size:	type of well	septic on lot	electrical 100 or 200 amp	heat type	house size	garage / sheds
	drilled { }		100 amp { }	oil		
	shallow { }			gas		
				wood		
				other:		
					Total	

Please provide a drawing of the structures showing true north

Provide a plot discription of where the well is located, septic placement, and ingress/egress to property from the road.

*forms submitted after 4/01 will be assessed the next fiscal year. Do you authorize the assessor to make a site visit to your location? Y () N ()

Signature of property owner: _____ / **Date:** ____/____/____
