

City of Riverton

Fax #: (307) 857-7470

SIMPLE PERMIT

Date: _____

Project Address: _____

Registered Contractor(s) Performing the Work: _____

Contact Person: _____

Phone: _____

Permitee (who pays): SIGNATURE: _____

PRINTED NAME: _____

Address: _____

Phone:: _____

Building Owner: _____

Address: _____

Phone: _____

Scope of Work: _____

Date work to be completed: _____

Project Valuation: _____

(Includes material & labor costs)