

APPLICATION FOR BUILDING PERMIT

(APPLICATION MUST BE TYPED OR PRINTED)

TOWN OF _____ PERMIT NO. _____

LOCATION OF JOB		FEE SCHEDULE		TYPE OF JOB	
		FEE	VALUE OF CONSTRUCTION		
		\$25	FOR 1ST \$1000 (MINIMUM FEE).	<input type="checkbox"/> ORIGINAL CONST.	<input type="checkbox"/> REPAIR
		\$ 6	FOR EACH ADDITIONAL \$1000	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION
			OR PART THEREOF.	<input type="checkbox"/> ADDITION	<input type="checkbox"/> CHANGE OF USE
		BUILDING OFFICIAL MAY DEMAND			
		AFFIDAVIT OF ACTUAL VALUE.			
NO. _____ STREET _____					
TOWN _____ STATE _____ ZIP _____					
OWNER		VALUE-FEES		REQUIREMENTS	
		ESTIMATED	VALUE _____ FEE _____	<input type="checkbox"/> BLUEPRINTS	<input type="checkbox"/> TOWN ZONING
NAME _____		ACTUAL	_____	<input checked="" type="checkbox"/> SANITATION APPLIC.	<input type="checkbox"/> PLOT PLAN
NO. _____ STREET _____		DIFFERENCE	_____	<input type="checkbox"/> OTHER _____	
TOWN _____ STATE _____ ZIP _____		ADDITIONAL FEE	_____		
APPLICANT		DEPARTMENT DECISION		TYPE OF BUILDING	
		APPLICATION IS HEREBY			
NAME _____		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
NO. _____ STREET _____				<input type="checkbox"/> _____ OTHER _____	
TOWN _____ STATE _____ ZIP _____		DATE _____	BUILDING OFFICIAL _____		
BUILDER-CONTRACTOR INFORMATION					
NAME _____			CONTRACTOR LICENSE - REGISTRATION NUMBER _____		
NO. _____ STREET _____			EXPIRATION DATE _____ CONTRACTOR TELEPHONE _____		
TOWN _____ STATE _____ ZIP _____			CONTRACTOR SIGNATURE _____		

PERMITS ARE REQUIRED BEFORE STARTING WORK. EXPIRES ONE (1) YEAR FROM DATE OF ISSUE.

DISTANCE FROM EACH SIDE LOT LINE		1. DESCRIPTION OF STRUCTURE _____	
NORTH	EAST	_____ TYPE _____ NO. OF STORIES _____	
SOUTH	WEST	2. PROPOSED USE _____ USE GROUP _____	
		3. TWO (2) COPIES OF PLANS AND SPECIFICATIONS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		4. PLOT PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	

REMARKS: _____

This is to certify that I am the owner or authorized agent for the owner. All work covered by this application has been authorized by the owner of this property and will be done according to the Connecticut Basic Building Code. As the applicant I understand that a Certificate of Use and Occupancy-document is required before occupancy.

DATE_____
APPLICANT SIGNATURE