

TOWN OF SCOTLAND

Building Department - Scotland Town Hall 9 Devotion Road - PO Box 288 - Scotland, CT 06264 (860) 456-7797 ext. 101

Building/Zoning Permit Application

Job Address:		Date:		
Owner:	Contrac	Contractor:		
Mailing Address:				
Phone:Cell:	Phone:			
Email:	Email:_			
	License	Type: License	#:	
I hereby certify that the proposed wo of Connecticut and Town of Scotlan am authorized to make application to enter the property to do require Section 110, A CERTIFICATE OF OCC. Applicant Signature: COPY OF LICE Construction Value: \$	d and further attest that the prop for a permit for such work as desc ed inspections. I understand the UPANCY/COMPLIANCE IS REQUIF CENSE REQUIRED (Other than Ho	rosed work is authorized by cribed above. I grant perminat under the Internationa RED FOR ALL PERMITS ISSU	the owner in fee and that I ssion to the Building Official I/Residential Building Code,	
Construction value. \$				
	FOR OFFICE USE O	NLY:		
Estimated cost of Proposed Work: \$				
Permit #:	Permit fee: \$	Check #	Cash:	
Building Official Approval:		Date:		
Zoning Officer Approval :		Date:		
Fire Marshall Approval if Applicable:		Date:		
Health Dept. Approval: :		Date:		