

APPLICATION FOR PERMIT

TOWN OF GOSHEN # _____

LOCATION OF JOB	FEE SCHEDULE	TYPE OF JOB
Map Block Lot _____	\$20 FOR FIRST \$1,000 (MINIMUM FEE) \$100 IF POST-FACTO \$7 FOR EACH ADDITIONAL \$1,000 OR PART THEREOF AND \$20 PER CO	CHECK ONLY ONE PER BOX
No. Street Name _____		<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL
Tax Collector Approval _____ Date _____	BASED ON VALUE OF CONSTRUCTION BUILDING OFFICIAL MAY REQUIRE AFFIDAVIT OF ACTUAL VALUE	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERNATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> CHANGE OF USE

OWNER	VALUE – FEE	REQUIREMENTS
Last Name First Name _____	CONSTRUCTION VALUE FEE AMOUNT <u>THIS FEE INCLUDES THE</u> <u>CT. EDUCATION FUND</u>	<input type="checkbox"/> ZONING <input type="checkbox"/> HEALTH DEPT <input type="checkbox"/> FIRE MARSHAL <input type="checkbox"/> PLOT PLAN <input type="checkbox"/> INSURANCE PROOF (W.C.) <input type="checkbox"/> HISTORICAL APPROVAL <input type="checkbox"/> FLOOD PLAIN APPROVAL <input type="checkbox"/> TWO SETS OF PLANS
No. Street Name _____		Town State Zip _____

APPLICANT	DEPARTMENT DECISION	TYPE OF BUILDING
Last Name First Name _____	APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	CONSTRUCTION TYPE _____ USE GROUP _____
No. Street Name _____	DATE _____ CODE OFFICIAL _____	
Town State Zip _____		

BUILDER / CONTRACTOR INFORMATION

Last Name First Name _____	LICENSE OR REGISTRATION NUMBER AND CLASS _____ / _____ () - _____
No. Street Name _____	EXPIRATION DATE _____ CONTRACTOR TELEPHONE _____
Town State Zip _____	CONTRACTOR SIGNATURE _____

PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS
REMARKS OR A BRIEF DESCRIPTION OF WORK PROPOSED:

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 THE ABOVE DESCRIBED PROPERTY. AS THE APPLICANT I UNDERSTAND THAT A FINAL INSPECTION AND CERTIFICATE OF USE AND OR OCCUPANCY IS REQUIRED BEFORE OCCUPANCY OR USE.

PAID BY _____ CK NO: _____ DATE _____ APPLICANT SIGNATURE _____