

## APPLICATION FOR BUILDING PERMIT - TOWN OF KENT

PERMIT #: \_\_\_\_\_

STREET ADDRESS OF JOB: \_\_\_\_\_

TYPE OF JOB (CHOOSE ONE): Building \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_

TYPE OF JOB (CHOOSE ALL THAT APPLY):  
New \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_  
Alteration \_\_\_\_\_ Demo \_\_\_\_\_ Change of Use \_\_\_\_\_

PROPERTY OWNER: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

APPLICANT: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

BUILDER/CONTRACTOR INFORMATION: License or Registration Number & Class: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

REMARKS OR A BRIEF DESCRIPTION OF WORK PROPOSED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS \*\***

I 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 AND WILL BE PERFORMED ACCORDING TO THE CONNECTICUT BASIC BUILDING CODE. AS THE APPLICANT, I UNDERSTAND THAT A FINAL INSPECTION AND A CERTIFICATE OF USE OR OCCUPANCY IS REQUIRED.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Construction value: \$ \_\_\_\_\_ Fee: \$ \_\_\_\_\_

FEE SCHEDULE: \$20 for the first \$1,000 (minimum fee), \$6 for each additional \$1,000 or part thereof. \$100 if post-facto.  
Based on VALUE of construction. Building official may require affidavit of actual value.

### BUILDING DEPT. USE ONLY

APPLICATION IS: APPROVED:  DENIED:

BLDG. OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUIREMENTS: Zoning \_\_\_\_\_ Health \_\_\_\_\_ Fire Marshall \_\_\_\_\_ Plot or Site Plan \_\_\_\_\_  
Insurance Proof (WC) \_\_\_\_\_ Historical \_\_\_\_\_ Flood Plain \_\_\_\_\_ 2 Sets of Plans \_\_\_\_\_

TYPE OF BUILDING: Construction Type \_\_\_\_\_ Use Group \_\_\_\_\_

LOCATION OF JOB: MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

CHECK #: \_\_\_\_\_ AMT: \_\_\_\_\_ FEE PAID BY: \_\_\_\_\_