

APPLICATION FOR PERMIT

TOWN OF MORRIS # _____

| LOCATION OF JOB | FEE SCHEDULE | TYPE OF JOB |
|----------------------------------|---|---|
| Map Block Lot _____ | \$20 FOR FIRST \$1,000 (MINIMUM FEE) \$100 IF POST-FACTO \$6 FOR EACH ADDITIONAL \$1,000 OR PART THEREOF | CHECK ONLY ONE PER BOX |
| No. Street Name _____ | | <input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <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 |
| Town _____ State _____ Zip _____ | BASED ON VALUE OF CONSTRUCTION BUILDING OFFICIAL MAY REQUIRE AFFIDAVIT OF ACTUAL VALUE | |

| 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 _____