

TOWN OF NEW MILFORD
BUILDING DEPARTMENT
10 MAIN ST., NEW MILFORD, CT 06776
(860) 355-6090 FAX (860) 210-2664

DATE: _____

PERMIT# _____

FOUNDATION ONLY PERMIT

PLEASE NOTE:

A SECOND SIGN OFF APPROVAL SHEET WILL HAVE TO BE SIGNED OFF BY BOTH THE ZONING DEPARTMENT & THE HEALTH DEPARTMENT PRIOR TO THE BUILDING DEPARTMENT'S REVIEW OF THE "BUILDING PERMIT" APPLICATION & PLANS.

.....
CONTRACTOR NAME: _____ CONTRACTOR'S ADDRESS _____

HOMEOWNER'S NAME: _____ MAILING ADDRESS: _____

ADDRESS OF WORK TO BE PERFORMED: _____

REMARKS: _____

CONTRACTOR'S SIGNATURE: _____

.....
THERE IS NO CHARGE FOR FOUNDATION PERMITS TAKEN OUT FOR NEW STRUCTURES.

EVALUATION OF WORK \$ _____ FEE \$ _____ DATE PAID: _____

WILLIAM MURPHY / THOMAS P. HACKETT
BUILDING OFFICIALS

*****POST THIS NOTICE CONSPICUOUSLY*****