

NEW MILFORD BUILDING DEPT.
10 MAIN ST., NEW MILFORD, CT 06776
(860) 355-6090 FAX (860) 210-2664
<http://www.newmilford.org/content/57/89/97/default.aspx>

PERMIT # _____

DATE ISSUED: _____

Provided Courtesy of: Arthur H. Howland & Associates, P.C., Civil Engineers & Land Surveyors, Call Us! (860) 354-9346
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NEW STRUCTURE BUILDING PERMIT APPLICATION

PLEASE PRINT CLEARLY

THE UNDERSIGNED OWNER OR AUTHORIZED AGENT HEREBY APPLIES FOR A PERMIT TO CONSTRUCT A BUILDING IN ACCORDANCE WITH THE LAWS & ORDINANCES OF THE STATE OF CT & THE TOWN OF NEW MILFORD & AS SET FORTH IN THE ACCOMPANYING DRAWINGS & SPECIFICATIONS INSOFAR AS THE SAME SHALL BE FOUND NOT TO CONFLICT WITH THE AFORESAID STATE & TOWN LAWS, ALSO FOR A CERTIFICATE OF OCCUPANCY FOR THE USE AS HEREIN STATED.

OWNERS & AGENTS

OWNER OF LAND & BUILDING: _____
MAILING ADDRESS: _____
AUTHORIZED AGENT & PERMITTEE (BUILDER): _____
BUILDER'S STATE REGISTRATION # _____ EXP. DATE: _____
WHO ASSUMES RESPONSIBILITY FOR SUPERVISION & COMPLIANCE WITH DRAWINGS, SPECIFICATIONS, THIS APPLICATION & LAWS & ORDINANCES? _____
ADDRESS: _____
PLANS & SPECIFICATIONS BY: _____ ADDRESS: _____
IF ARCHITECT OR PROFESSIONAL ENGINEER, GIVE CT. REGISTRATION # _____

LOCATION

STREET & NUMBER: _____
SUBDIVISION: _____ LOT#: _____ ZONE: _____ STYLE OF HOME: _____

THE BUILDING OR STRUCTURE

TO BE USED AS: _____ # OF FAMILY UNITS: _____ # OF ROOMS: _____
OF BATHS: _____ # OF LAVATORIES _____ USE GROUP#: _____ CONSTRUCTION TYPE #: _____
EXTERIOR WALL CONSTRUCTION: _____ ASSESSOR'S MAP & LOT # _____
OVERALL FRONT WIDTH: _____ OVERALL DEPTH: _____ # OF STORIES: _____
OF CAR SPACES UNDER COVER: _____ DECK SIZE: _____ PORCH SIZE: _____
FOUNDATION CONSTRUCTED OF: _____ ROOF COVERING: _____

IF MULTI-FAMILY DWELLING, COMMERCIAL OR INDUSTRIAL BUILDING, GIVE TOTAL FLOOR AREA USING EXTERIOR DIMENSIONS OF OUTSIDE WALLS: _____ SQ. FT.

TYPE OF SANITARY SEWAGE DISPOSAL: TOWN _____ PRIVATE SEWER _____ SEPTIC TANK _____

PLAN OF CONSTRUCTION DEBRIS REMOVAL: _____

PLEASE PROVIDE NAME & PHONE # OF THE FOLLOWING:

EXCAVATOR: _____

DRIVEWAY CONTRACTOR: _____

FOUNDATION CONTRACTOR: _____

NAME OF PERMITTEE: _____ BY SIGNATURE: _____

PHONE #: _____ DATE: _____

THIS PORTION OF APPLICATION TO BE FILLED OUT BY BUILDING DEPARTMENT ONLY

VALUATION OF WORK: \$ _____ BUILDING PERMIT FEE: \$ _____

911 STREET ADDRESS OF NEW STRUCTURE: _____

SUBDIVISION NAME: _____ LOT# _____

HOUSE DIMENSIONS:

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MAIN FLOOR:	SQ. FT. ()
SECOND FLOOR:	SQ. FT. ()
OTHER FLOORS:	SQ. FT. ()
ATTACHED FAMILY ROOM	SQ. FT. ()
ATTACHED GARAGE	SQ. FT. ()
DE-TACHED GARAGE	SQ. FT. ()

TOTAL HOUSE SQ. FT. ()

1.) **FOUNDATIONS:** _____

FOUNDATION ----- SQ. FT. ()

GARAGE UNDER ---- SQ. FT. ()

FOUNDATION THICKNESS: _____

2.) **TYPE OF CONSTRUCTION:** _____

3.) **ROOF: TYPE:** _____ **PITCH:** _____

3.) **PLUMBING: TYPE OF PIPE:** _____
SIZE WASTE: _____ **SIZE WATER:** _____

5.) **HEATING: # ZONES:** _____ **TYPE OF HEAT:** _____
OIL TANK SIZE: _____

6.) **ELECTRICAL: SIZE OF SERVICE:** _____

7.) **INSULATION: EXTERIOR WALLS:** _____

CEILING: _____

BASEMENT CEILING: _____

8.) **REAR DECK: SIZE:** _____ **TYPE OF MATERIAL:** _____

9.) **FRONT PORCH: SIZE:** _____

BEDROOMS: _____ **# DINING ROOMS:** _____

BATHS: _____ **# DENS:** _____

FAMILY ROOMS: _____ **# FIRE PLACES:** _____

KITCHENS: _____ **# LIVING ROOMS:** _____

Electrical Contractor:	License # & Expiration Date:	Signature:
Plumbing Contractor:	License #& Expiration Date :	Signature:
HVAC Contractor:	License # & Expiration Date:	Signature:
Miscellaneous Contractor:	License #& Expiration Date:	Signature: