

APPLICATION FOR BUILDING PERMIT

(APPLICATION MUST BE TYPED OR PRINTED)

TOWN OF _____ PERMIT NO. _____

LOCATION OF JOB	FEE SCHEDULE	TYPE OF JOB
_____ NO. STREET TOWN STATE ZIP	FEE VALUE OF CONSTRUCTION \$25 FOR 1ST \$1000 (MINIMUM FEE). \$ 6 FOR EACH ADDITIONAL \$1000 OR PART THEREOF. BUILDING OFFICIAL MAY DEMAND AFFIDAVIT OF ACTUAL VALUE.	<input type="checkbox"/> ORIGINAL CONST. <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE

OWNER	VALUE-FEES	REQUIREMENTS															
_____ NAME NO. STREET TOWN STATE ZIP	<table border="1"> <thead> <tr> <th></th> <th>VALUE</th> <th>FEE</th> </tr> </thead> <tbody> <tr> <td>ESIMTATED</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ACTUAL</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DIFFERENCE</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ADDITIONAL FEE</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		VALUE	FEE	ESIMTATED	_____	_____	ACTUAL	_____	_____	DIFFERENCE	_____	_____	ADDITIONAL FEE	_____	_____	<input type="checkbox"/> BLUEPRINTS <input type="checkbox"/> TOWN ZONING <input type="checkbox"/> SANITATION APPLIC. <input type="checkbox"/> PLOT PLAN <input type="checkbox"/> OTHER _____
	VALUE	FEE															
ESIMTATED	_____	_____															
ACTUAL	_____	_____															
DIFFERENCE	_____	_____															
ADDITIONAL FEE	_____	_____															

APPLICANT	DEPARTMENT DECISION	TYPE OF BUILDING
_____ NAME NO. STREET TOWN STATE ZIP	APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED DATE _____ BUILDING OFFICIAL _____	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> _____ OTHER _____

BUILDER-CONTRACTOR INFORMATION			
_____	_____	_____	_____
NAME	CONTRACTOR LICENSE - REGISTRATION NUMBER	_____	_____
NO. STREET	EXPIRATION DATE	CONTRACTOR TELEPHONE	_____
TOWN STATE ZIP	CONTRACTOR SIGNATURE	_____	_____

PERMITS ARE REQUIRED BEFORE STARTING WORK. EXPIRES ONE (1) YEAR FROM DATE OF ISSUE.

DISTANCE FROM EACH SIDE LOT LINE	1. DESCRIPTION OF STRUCTURE _____
NORTH EAST SOUTH WEST	_____ TYPE _____ NO. OF STORIES _____ 2. PROPOSED USE _____ USE GROUP _____ 3. TWO (2) COPIES OF PLANS AND SPECIFICATIONS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO 4. PLOT PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS: _____

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 this property and will be done according to the Connecticut Basic Building Code. As the applicant I understand that a Certificate of Use and Occupancy-document is required before occupancy.

_____ DATE _____ APPLICANT SIGNATURE _____

APPLICATION FOR BUILDING PERMIT

(APPLICATION MUST BE TYPED OR PRINTED)

TOWN OF _____ PERMIT NO. _____

LOCATION OF JOB	FEE SCHEDULE	TYPE OF JOB															
_____ NO. STREET TOWN STATE ZIP	FEE VALUE OF CONSTRUCTION \$25 FOR 1ST \$1000 (MINIMUM FEE). \$ 6 FOR EACH ADDITIONAL \$1000 OR PART THEREOF. BUILDING OFFICIAL MAY DEMAND AFFIDAVIT OF ACTUAL VALUE.	<input type="checkbox"/> ORIGINAL CONST. <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE															
OWNER	VALUE-FEES	REQUIREMENTS															
_____ NAME NO. STREET TOWN STATE ZIP	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">VALUE</td> <td style="text-align:center;">FEE</td> </tr> <tr> <td>ESIMTATED</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ACTUAL</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DIFFERENCE</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ADDITIONAL FEE</td> <td>_____</td> <td>_____</td> </tr> </table>		VALUE	FEE	ESIMTATED	_____	_____	ACTUAL	_____	_____	DIFFERENCE	_____	_____	ADDITIONAL FEE	_____	_____	<input type="checkbox"/> BLUEPRINTS <input type="checkbox"/> TOWN ZONING <input type="checkbox"/> SANITATION APPLIC. <input type="checkbox"/> PLOT PLAN <input type="checkbox"/> OTHER _____
	VALUE	FEE															
ESIMTATED	_____	_____															
ACTUAL	_____	_____															
DIFFERENCE	_____	_____															
ADDITIONAL FEE	_____	_____															
APPLICANT	DEPARTMENT DECISION	TYPE OF BUILDING															
_____ NAME NO. STREET TOWN STATE ZIP	APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED DATE _____ BUILDING OFFICIAL _____	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> _____ OTHER _____															
BUILDER-CONTRACTOR INFORMATION																	
_____ NAME NO. STREET TOWN STATE ZIP	_____ CONTRACTOR LICENSE - REGISTRATION NUMBER _____ EXPIRATION DATE	_____ CONTRACTOR TELEPHONE _____ CONTRACTOR SIGNATURE															



PERMITS ARE REQUIRED BEFORE STARTING WORK. EXPIRES ONE (1) YEAR FROM DATE OF ISSUE.

DISTANCE FROM EACH SIDE LOT LINE	1. DESCRIPTION OF STRUCTURE _____
NORTH EAST	_____ TYPE _____ NO. OF STORIES _____
SOUTH WEST	2. PROPOSED USE _____ USE GROUP _____
	3. TWO (2) COPIES OF PLANS AND SPECIFICATIONS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
	4. PLOT PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS: _____

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 this property and will be done according to the Connecticut Basic Building Code. As the applicant I understand that a Certificate of Use and Occupancy-document is required before occupancy.

_____ DATE _____ APPLICANT SIGNATURE

APPLICATION FOR BUILDING PERMIT

(APPLICATION MUST BE TYPED OR PRINTED)

TOWN OF _____ PERMIT NO. _____

LOCATION OF JOB	FEE SCHEDULE	TYPE OF JOB
_____ NO. STREET TOWN STATE ZIP	FEE VALUE OF CONSTRUCTION \$25 FOR 1ST \$1000 (MINIMUM FEE). \$ 6 FOR EACH ADDITIONAL \$1000 OR PART THEREOF. BUILDING OFFICIAL MAY DEMAND AFFIDAVIT OF ACTUAL VALUE.	<input type="checkbox"/> ORIGINAL CONST. <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF USE

OWNER	VALUE-FEES	REQUIREMENTS															
_____ NAME NO. STREET TOWN STATE ZIP	<table border="1"> <thead> <tr> <th></th> <th>VALUE</th> <th>FEE</th> </tr> </thead> <tbody> <tr> <td>ESIMTATED</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ACTUAL</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DIFFERENCE</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ADDITIONAL FEE</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		VALUE	FEE	ESIMTATED	_____	_____	ACTUAL	_____	_____	DIFFERENCE	_____	_____	ADDITIONAL FEE	_____	_____	<input type="checkbox"/> BLUEPRINTS <input type="checkbox"/> TOWN ZONING <input type="checkbox"/> SANITATION APPLIC. <input type="checkbox"/> PLOT PLAN <input type="checkbox"/> OTHER _____
	VALUE	FEE															
ESIMTATED	_____	_____															
ACTUAL	_____	_____															
DIFFERENCE	_____	_____															
ADDITIONAL FEE	_____	_____															

APPLICANT	DEPARTMENT DECISION	TYPE OF BUILDING
_____ NAME NO. STREET TOWN STATE ZIP	APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED DATE _____ BUILDING OFFICIAL _____	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> _____ OTHER _____

BUILDER-CONTRACTOR INFORMATION	
_____ NAME NO. STREET TOWN STATE ZIP	_____ CONTRACTOR LICENSE - REGISTRATION NUMBER _____ EXPIRATION DATE _____ CONTRACTOR TELEPHONE _____ CONTRACTOR SIGNATURE

PERMITS ARE REQUIRED BEFORE STARTING WORK. EXPIRES ONE (1) YEAR FROM DATE OF ISSUE.

DISTANCE FROM EACH SIDE LOT LINE	1. DESCRIPTION OF STRUCTURE _____
NORTH EAST SOUTH WEST	_____ TYPE _____ NO. OF STORIES _____ 2. PROPOSED USE _____ USE GROUP _____ 3. TWO (2) COPIES OF PLANS AND SPECIFICATIONS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO 4. PLOT PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS: _____

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 this property and will be done according to the Connecticut Basic Building Code. As the applicant I understand that a Certificate of Use and Occupancy-document is required before occupancy.

DATE _____

APPLICANT SIGNATURE _____