

TOWN OF ROXBURY

PROCEDURE FOR OBTAINING A BUILDING PERMIT

APPLICANT INSTRUCTIONS: Print or type all parts of this form.
Plumbing, mechanical and electrical sections may be filled out by the
contractors at a later date.

PROPERTY INFORMATION

STREET ADDRESS

LOT #

OWNER INFORMATION

LAST NAME

FIRST NAME(S)

MAILING ADDRESS

PHONE #

CITY

STATE

ZIP CODE

APPLICATION DATE

/ /

Historic District

yes no

Flood Plain

yes no

APPLICANT

ADDRESS

PHONE #

ENGINEER

ADDRESS

PHONE #

ARCHITECT

ADDRESS

PHONE #

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction.. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

DATE

ST Education Fee per CT Gen Statutes, Sec29-251c Public Act 07-110 shall be \$0.18 per\$1,000. Of construction value.
Effective 7-01-08

IMPROVEMENT TYPE

<i>General Contractor</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>License #</i>	
<i>Estimated Construction Cost</i>	<i>Date</i>

<i>(check where applicable)</i>	<i>(circle)</i>				
<input type="checkbox"/> NEW CONSTRUCTION - home	shed	deck	garage	pool	
<input type="checkbox"/> ADDITION - living space	utility				
<input type="checkbox"/> ALTERATION - structural	non-structural				
<input type="checkbox"/> DEMOLITION -					
<input type="checkbox"/> REPAIR /REPLACEMENT					

BUILDING INFORMATION

# STORIES	# BEDROOMS
BLDG ABOVE GRADE	# FULL BATHROOMS
BLDG AREA	#1/2 BATHROOMS
LIVING AREA	# GARAGE BAYS
BASEMENT AREA	GARAGE AREA
# FIREPLACES	

STRUCTURE INFORMATION

<i>(circle where applicable)</i>					
FOUNDATION TYPE - block	poured concrete	other	8"	10"	12"
STRUCTURAL TYPE - masonry	prefab/modular	wood	steel		
SIDING TYPE - aluminum	wood	vinyl	other		
ROOFING TYPE - asphalt	metal	slate	wood	other	
Are any structural assemblies fabricated off-site? <input type="checkbox"/> YES <input type="checkbox"/> NO					

ELECTRICAL

<i>Contractor</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>License #</i>	
<i>CRS #</i>	
<i>Estimated \$ Cost</i>	<i>Date</i>

(check where applicable)

NEW TEMPORARY CHANGE

TOTAL SERVICE _____ AMPS

CIRCUITS 2 WIRE _____ 3 WIRE _____ 4 Wire _____

Dedicated Loads	No		Dedicated Loads	No.	

LOW VOLTAGE - SECURITY SYSTEMS

<i>Contractor</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>License #</i>	
<i>Estimated \$ Cost</i>	<i>Date</i>

(check where applicable)

SECURITY SMOKE OTHER

Description

PLUMBING

Contractor

Address

Phone #

License #

Estimated \$ Cost *Date*

Enter the number of fixtures being installed, replaced or repaired

BIDETS	ROOF OPENINGS	TOILET
DISHWASHERS	SEWAGE EJECTORS	TUB/SHOWER
FLOOR DRAINS	SHOWER STALLS	WATER HEATER
GARBAGE DIS.	SINKS	WATER PUMPS
LAUNDRY TUB	SUMP PUMP	WATER SOFTENER
LAVATORIES	SWIMMING POOL	OTHER

Are their any fire sprinklers (Y / N), if yes, Number of heads

Are their any lawn sprinklers (Y /N), if yes, Number of heads

OTHER

Contractor

Address

Phone #

Estimated \$ Cost *Date*

DESCRIPTION

MECHANICAL

<i>Contractor</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>License #</i>	
<i>Estimated \$ Cost</i>	<i>Date</i>

Enter the number of new or replacement units

A/C COMPRESSOR	COIL UNIT	HEAT PUMP
AIR CLEANER	ELECTRIC FURNACE	KITCHEN EXHAUST HOOD
AIR HANDLING UNIT	FORCED AIR FURNACE	SPACE HEATER
BOILER	GAS/OIL CONVERSION	SOLID FUEL APPLIANCE
Type of heating fuel: Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Other <input type="checkbox"/>		

OTHER

<i>Contractor</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>License #</i>	
<i>Estimated \$ Cost</i>	<i>Date</i>

<i>Description</i>

TOWN OF ROXBURY
Department Approval Checklist

Property Address _____

Owner _____

Project Description _____

INSTRUCTIONS: Applicant must have all applicable approvals signed off and applicant shall submit completed form to the Building Department or no permit or CO can be issued.

DEPARTMENT	APPROVED BY	DATE	COMMENTS
ASSESSOR			
INLAND WETLANDS			
DRIVEWAY			
HEALTH			
ZONING			
FIRE MARSHAL			
TAX COLLECTOR			
Historic Dist			

FINAL APPROVALS

DRIVEWAY			
HEALTH			
ZONING			
FIRE MARSHAL			
TAX COLLECTOR			

TOWN OF ROXBURY

PROCEDURE FOR OBTAINING A BUILDING PERMIT

PLEASE READ CAREFULLY

FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY CAUSE A DELAY IN THE APPROVAL OF YOUR APPLICATION

- The permit application must be submitted with the following:
 1. Two sets of plans, including support documentation such as engineering/product information.
 2. License/registration and letter of authorization from the homeowner.
 3. Proof of Workman's Compensation – (certificate or affidavit)
 4. Res check. (Res check is required on all new homes.
 5. Application fee. (check or cash only)
 6. Swimming pool agreement form when applicable.

Applications submitted to the building department for review will be approved or denied within 30 days. Please note that a building permit cannot be issued without the approval of all applicable departments. **IT IS THE RESPONSIBILITY OF THE APPLICANT TO SUBMIT A COMPLETED SIGN-OFF SHEET WITH THE REQUIRED APPROVALS.**

Owner's Authorization to Obtain Permits

Work Location: _____

Permit Type: _____

Work Description: _____

Owner: _____

Owner Address: _____

Owner's Mailing address: _____
(if different from above)

Agent/Applicant: _____

Agent/Applicant Address: _____

I, _____ *due hereby authorize*
Owner

_____ *to act on my behalf in*

obtaining the necessary permits for the aforementioned work.

Owner's Signature

Date

REMINDER

*CONSTRUCTION DEBRIS WILL NOT BE ACCEPTED AT THE
TRANSFER STATION. PROPERTY OWNERS SHALL MAKE
OTHER ARRANGEMENTS TO REMOVE FROM SITE AT
THEIR OWN EXPENSE.*

*TO AVOID THE LOSS OF ANY EQUIPMENT/ TOOLS PLEASE
BE SURE TO SECURE YOUR JOB SITE.*