

Town of Salisbury

Building Permit Application

P.O. Box 548

Salisbury, CT 06068

Estimated Value: _____

Includes:

Permit Fee: _____

Electrical _____

\$12 for the first \$1,000

Plumbing

\$7 for each additional \$1,000 or part thereof

Mechanical

Applicant:

Name: _____
Address: _____
Town: _____ State: _____ Zip: _____
Phone: _____ Registration #: _____ Expiration Date: _____ (not applicable for owner)

Owner:

Name: _____
Address: _____
Town: _____ State: _____ Zip: _____

Job Location:

Street Number: _____ Street: _____
Map: _____ Lot: _____

Office Use Only

Type of Job:
Type of Construction:
Use Group:
Zoning Permit#:
C-404:

Remarks:

Turn to the back if more space is needed

This is to certify that I am the owner or lessee of the building or structure, or agent of either, or a licensed engineer or architect employed in connection with the proposed work. I hereby certify that the owner of the property has authorized the proposed work. All work covered by this application will be done according to the Connecticut Building and fire Code. As the applicant I understand that a certificate of Use and Occupancy document is required before occupancy.

Signature

Date

Town of Salisbury

Mechanical Permit Application

P.O. Box 548

Salisbury, CT 06068

Estimated Value: _____

Permit Fee: _____

\$12 for the first \$1,000

\$7 for each additional \$1,000 or part thereof

Heating Contractor/Applicant:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ License #: _____ Classification: _____ Expiration: _____
(not applicable for owner)

Owner:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Job Location:

Street Number: _____ Street: _____

Map: _____ Lot: _____

Office Use Only

Type of Job: _____

Remarks:

Turn to the back if more space is needed

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Signature _____

Date _____

Town of Salisbury

Electrical Permit Application

P.O. Box 548

Salisbury, CT 06068

Estimated Value: _____

Permit Fee: _____

\$12 for the first \$1,000

\$7 for each additional \$1,000 or part thereof

Electrician/Applicant:

Name: _____			
Address: _____			
Town: _____		State: _____	Zip: _____
Phone: _____	License #: _____	Classification: _____	Expiration: _____
(not applicable for owner)			

Owner:

Name: _____			
Address: _____			
Town: _____		State _____	Zip: _____

Job Location:

Street Number: _____	Street: _____
Map: _____	Lot: _____

Office Use Only
Type of Job: _____

Remarks:

Turn to the back if more space is needed

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Signature _____

Date _____

Town of Salisbury

Plumbing Permit Application

P.O. Box 548

Salisbury, CT 06068

Estimated Value: _____

Permit Fee: _____

\$12 for the first \$1,000

\$7 for each additional \$1,000 or part thereof

Plumber/Applicant:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ License #: _____ Classification: _____ Expiration: _____
(not applicable for owner)

Owner:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Job Location:

Street Number: _____ Street: _____

Map: _____ Lot: _____

Office Use Only

Type of Job: _____

Remarks:

Turn to the back if more space is needed

This is to certify that I am the owner or lessee of the building or structure, or agent of either, or a licensed engineer or architect employed in connection with the proposed work. I hereby certify that the owner of the property has authorized the proposed work. All work covered by this application will be done according to the Connecticut Building and fire Code. As the applicant I understand that a certificate of Use and Occupancy document is required before occupancy.

Signature

Date