

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). \$ 7 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-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%;">VALUE</th> <th style="width:20%;">FEE</th> </tr> </thead> <tbody> <tr> <td>ESTIMATED</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> *Fair Market Value		VALUE	FEE	ESTIMATED	_____	_____	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															
ESTIMATED	_____	_____															
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.

DISTANCE FROM EACH SIDE LOT LINE	
NORTH	EAST
SOUTH	WEST

1. DESCRIPTION OF STRUCTURE _____	
_____ 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