

Location of Building	Address _____ <div>(Number) (Street)</div>	
	Subdivision _____ Lot _____ Lot Size _____ <div>(If Applicable)</div>	
	For Office Use: Map # _____ Lot # _____	

Applicant	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph ( ) _____	Fax ( ) _____	
Email: _____			

Owner	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph ( ) _____	Fax ( ) _____	
Email: _____			

Contractor Information			
Business Name _____		Address _____	
City _____	State _____	Zip _____	Telephone: ( ) ( ) _____
Builders License Number _____			Expiration Date: _____
You must attach a copy of current "Contractor's License" and current "Proof of Workman's Comp. Insurance".			
Email: _____			

Type of Improvement (If new construction, fill in sections A – H)      Circle Applicable Use Class					
NEW CONSTRUCTION	NEW GARAGE	FOUNDATION ONLY	DEMOLITION	POOL	OTHER
NEW SHED	NEW DECK	NEW BARN	ALTERATION	REPAIR	
BRIEFLY DESCRIBE PROJECT - _____					

A. Proposed Use of Building (Residential)					
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> TWO OR MORE FAMILY	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> BARN	<input type="checkbox"/> OTHER _____

B. Proposed Use of Building (Non-Residential)					
<input type="checkbox"/> PLEASE EXPLAIN _____					

C. Principal Type of Framing					
<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> MASONRY	<input type="checkbox"/> STRUCTURAL STEEL	<input type="checkbox"/> REINFORCED CONCRETE	<input type="checkbox"/> OTHER _____	

D. Principal Type of Heating					
<input type="checkbox"/> OIL	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> COAL	<input type="checkbox"/> WOOD	<input type="checkbox"/> OTHER _____

E. Principal Type of Sewage Disposal

☐ PUBLIC OR PRIVATE COMPANY
 ☐ SEPTIC SYSTEM

F. Principal Type of Water Supply

☐ PUBLIC OR PRIVATE COMPANY
 ☐ PRIVATE WELL OR CISTERN

G. Type of Mechanical

WILL THERE BE CENTRAL AIR CONDITIONING? ☐ YES ☐ NO
 WILL THERE BE FIRESUPPRESSION? ☐ YES ☐ NO

H. Dimensions / Data

NUMBER OF STORIES	_____	SQUARE FOOTAGE:	EXISTING	ALTERATIONS	NEW
		BASEMENT:	_____	_____	_____
		1ST FLOOR:	_____	_____	_____
		2ND FLOOR:	_____	_____	_____
		OTHER:	_____	_____	_____
		TOTAL SQ FOOTAGE:	_____	_____	_____

Checklist for Submittals:

Please be sure all items below are included when submitting a building permit.

For project <i>without</i> footprint change.	For project <i>with</i> footprint change.
<input type="checkbox"/> Signed building permit application. <input type="checkbox"/> 2 Sets of building plans. <input type="checkbox"/> 1 Site plan. <input type="checkbox"/> Contractor License & Insurance. (copies) <input type="checkbox"/> Workers' Compensation Statement. <small>(If no contractor is involved)</small>	<input type="checkbox"/> Signed building permit application. <input type="checkbox"/> 2 Sets of building plans. <input type="checkbox"/> Site plans. <input checked="" type="checkbox"/> Inland/Wetland Application <input type="checkbox"/> Zoning Application & appropriate maps & site plans. <input type="checkbox"/> Contractor License & Insurance. (copies) <div> <input type="checkbox"/> Workers Compensation Statement.  <small>(If no contractor is involved)</small> </div> <div> <input type="checkbox"/> Health District Approval. 2           </div>

I HEREBY CERTIFY 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/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF CONNECTICUT. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant <i>X</i>	Date
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JOB COSTS	FEES	PAYMENT																																				
<table> <tr><td>Cost of Improvement</td><td>\$</td></tr> <tr><td>Electrical</td><td>\$</td></tr> <tr><td>Plumbing</td><td>\$</td></tr> <tr><td>Heating, Air Conditioning</td><td>\$</td></tr> <tr><td>Other (elevator, etc.)</td><td>\$</td></tr> <tr><td><b>TOTAL COST</b></td><td><b>\$</b></td></tr> </table>	Cost of Improvement	\$	Electrical	\$	Plumbing	\$	Heating, Air Conditioning	\$	Other (elevator, etc.)	\$	<b>TOTAL COST</b>	<b>\$</b>	<table> <tr><td>Total Cost</td><td></td></tr> <tr> <td>First \$1000.00 x \$26.00</td> <td>\$ 26.00</td> </tr> <tr> <td>Each addl. \$1000.00 x \$16.00</td> <td>\$</td> </tr> <tr> <td><b>Total Building Fees</b></td> <td><b>\$</b></td> </tr> <tr> <td colspan="2">Additional fees may apply if this application requires Zoning approval (Zoning approval is required when said project alters the original footprint of the property)</td> </tr> </table>	Total Cost		First \$1000.00 x \$26.00	\$ 26.00	Each addl. \$1000.00 x \$16.00	\$	<b>Total Building Fees</b>	<b>\$</b>	Additional fees may apply if this application requires Zoning approval (Zoning approval is required when said project alters the original footprint of the property)		<table> <tr><td>Total Paid</td><td>_____</td></tr> <tr><td>Date</td><td>_____</td></tr> <tr><td>Building</td><td>_____</td></tr> <tr><td>Zoning</td><td>_____</td></tr> <tr><td>State</td><td>_____</td></tr> <tr><td>Check #</td><td>_____</td></tr> <tr><td>Cash</td><td>_____</td></tr> </table>	Total Paid	_____	Date	_____	Building	_____	Zoning	_____	State	_____	Check #	_____	Cash	_____
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The Code Official conducts inspections on Monday and Wednesday mornings ONLY, please plan accordingly.

The Submitted plans & documents have been reviewed and are considered to be in substantial compliance with the State of Connecticut Family of Codes, which have been made part of this Permit, and any notes or comments shall take precedence over the printed matter. The Applicant has already or will install an approved Site Address Identification Number in accordance with Section R319, Ct IRC.

Signature of Code Official:	DATE:
Richard E. Leighton	