



Location of Building	Address _____ (Number) (Street)					
	Subdivision _____ (If Applicable)		Lot _____	Lot Size _____		
<b>For Office Use:</b> Map # _____ Lot # _____						
Applicant <small>(name of person signing application)</small>	Name _____			Name _____		
	Mailing Address _____			Mailing Address _____		
	City _____	State _____	Zip _____	City _____	State _____ Zip _____	
	Day Ph ( ) _____			Day Ph ( ) _____	Email _____	
Homeowner						

Contractor Information				
Business Name _____			Address _____	
City _____	State _____	Zip _____	Telephone ( ) _____	
Builder's License Number _____			Email _____	
<input type="checkbox"/> You must attach a copy of current "Proof of Workman's Comp. Insurance" or 7A, 7B, or 7C				

Type of Improvement <i>(If new construction, fill in sections A - H)</i>					
<input type="checkbox"/> NEWCONSTRUCTION	<input type="checkbox"/> NEW GARAGE	<input type="checkbox"/> NEW BARN	<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> POOL	<input type="checkbox"/> OTHER
<input type="checkbox"/> NEW SHED	<input type="checkbox"/> NEW DECK	<input type="checkbox"/> ONLY DEMOLITION	<input type="checkbox"/> ROOF	<input type="checkbox"/> WOOD STOVE/FIREPLACE/INSERT	

BRIEFLY DESCRIBE PROJECT –

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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	
<input type="checkbox"/> PRIVATE COMPANY	<input type="checkbox"/> SEPTIC SYSTEM

F. Principal Type of Water Supply	
<input type="checkbox"/> PRIVATE COMPANY	<input type="checkbox"/> PRIVATE WELL OR CISTERN

**G. Type of Mechanical**

WILL THERE BE CENTRAL AIR CONDITIONING?  YES  NO

WILL THERE BE FIRE SUPPRESSION?  YES  NO

**H. Dimensions / Data**

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

**Checklist**

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

For project ***without*** footprint change:

- Signed building permit application.
- 1** Set of building plans
- 1** Site plan
- Contractor License (copy)
- Worker's Compensation Statement

For project ***with*** footprint change:

- Signed building permit application.
- 2** Sets of building plans.
- 2** Site plans.
- Contractor License (copy)
- Worker's Compensation Statement.
- Inland/Wetland Application.
- Zoning Application.
- Sanitation Review Form.

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* **X** **Date**

JOB COSTS – MATERIAL + LABOR		FEES (ROUND UP TO NEAREST 1000)		FOR OFFICE USE: PAYMENT
Cost of Improvement	\$ _____	Total Cost*	_____	Total Paid _____
Electrical	\$ _____	1. Up to First \$1000.00	\$ 25.26	Date _____
Plumbing	\$ _____	2. Each addl. \$1000.00 add 15.26	\$ _____	Building _____
Heating, A/C	\$ _____	(*This included State Educational Fee)		Education _____
Other (elevator, etc.)	\$ _____	<b>(add 1 &amp; 2) Total Building Fees</b>	\$ _____	Zoning _____
<b>TOTAL COST</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)	\$ _____	State _____
				Wetlands _____
				Sanitation _____
				Check # _____

The submitted plans have been reviewed and found to generally be in compliance with Connecticut Codes which are made a part of this permit and shall take precedent over any submitted drawings.

*Signature of Building Official* **Date**