**APPLICATION FOR PERMIT**

**LOCATION OF JOB**

MAP  BLOCK  LOT

NO.  STREET NAME

TOWN  STATE  ZIP

**FEE SCHEDULE**

$25 FOR FIRST $1,000 (MINIMUM FEE)

$200 IF POST-FACTO

$7 FOR EACH ADDITIONAL $1,000 OR PART THEREOF

BASIS ON VALUE OF CONSTRUCTION
BUILDING OFFICIAL MAY REQUIRE
AFFIDAVIT OF ACTUAL VALUE

**TYPE OF JOB**

CHECK ONLY ONE PER BOX

- BUILDING
- ELECTRICAL
- PLUMBING
- MECHANICAL
- NEW
- ADDITION
- REPAIR
- ALTERATION
- DEMOLITION
- CHANGE OF USE

**OWNER**

LAST NAME  FIRST NAME

NO.  STREET NAME

TOWN  STATE  ZIP

**VALUE - FEE**

CONSTRUCTION VALUE

FEE AMOUNT

THIS FEE INCLUDES THE
CT. EDUCATION FUND

**REQUIREMENTS**

- ZONING
- HEALTH DEPT.
- FIRE MARSHAL
- PLOT PLAN
- INSURANCE PROOF (W. C.)
- HISTORICAL APPROVAL
- FLOOD PLAIN APPROVAL
- TWO SETS OF PLANS

**APPLICANT**

LAST NAME  FIRST NAME

NO.  STREET NAME

TOWN  STATE  ZIP

**DEPARTMENT DECISION**

APPLICATION IS HEREBY

- APPROVED
- DISAPPROVED

DATE  CODE OFFICIAL

**TYPE OF BUILDING**

CONSTRUCTION TYPE

USE GROUP

**BUILDER / CONTRACTOR INFORMATION**

LAST NAME  FIRST NAME

NO.  STREET NAME

TOWN  STATE  ZIP

LICENSE OR REGISTRATION NUMBER AND CLASS

/ / ( ) -

EXPIRATION DATE  CONTRACTOR TELEPHONE

CONTRACTOR SIGNATURE

**PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS**

REMARKS OR A BRIEF DESCRIPTION OF WORK PROPOSED:

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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 THE ABOVE DESCRIBED PROPERTY. AS THE APPLICANT I UNDERSTAND THAT A FINAL INSPECTION AND CERTIFICATE OF USE AND OR OCCUPANCY IS REQUIRED BEFORE OCCUPANCY OR USE.

PAID BY:  CK NO:  DATE  APPLICANT SIGNATURE