

APPLICATION FOR PERMIT

TOWN OF:

CORNWALL #

LOCATION OF JOB			FEE SCHEDULE	TYPE OF JOB
MAP	BLOCK	LOT	\$25 FOR FIRST \$1,000 (MINIMUM FEE) \$200 IF POST-FACTO \$7 FOR EACH ADDITIONAL \$1,000 OR PART THEREOF BASED ON VALUE OF CONSTRUCTION BUILDING OFFICIAL MAY REQUIRE AFFIDAVIT OF ACTUAL VALUE	CHECK ONLY ONE PER BOX <input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> CHANGE OF USE
NO.	STREET NAME			
TOWN	STATE	ZIP		

OWNER	VALUE - FEE	REQUIREMENTS
LAST NAME FIRST NAME NO. STREET NAME TOWN STATE ZIP	CONSTRUCTION VALUE FEE AMOUNT <u>THIS FEE INCLUDES THE CT. EDUCATION FUND</u>	<input type="checkbox"/> ZONING <input type="checkbox"/> HEALTH DEPT. <input type="checkbox"/> FIRE MARSHAL <input type="checkbox"/> PLOT PLAN <input type="checkbox"/> INSURANCE PROOF (W. C.) <input type="checkbox"/> HISTORICAL APPROVAL <input type="checkbox"/> FLOOD PLAIN APPROVAL <input type="checkbox"/> TWO SETS OF PLANS

APPLICANT	DEPARTMENT DECISION	TYPE OF BUILDING
LAST NAME FIRST NAME NO. STREET NAME TOWN STATE ZIP	APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED DATE CODE OFFICIAL	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:

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 _____