**APPLICATION FOR BUILDING PERMIT**
(APLICATION MUST BE TYPED OR PRINTED)

**LOCATION OF JOB**

<table>
<thead>
<tr>
<th>NO. STREET</th>
<th>TOWN</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

**FEE SCHEDULE**

- **FEE**: VALUE OF CONSTRUCTION
- **SCHEDULE**: S25 FOR 1ST $1000 (MINIMUM FEE).
- **SCHEDULE**: $1 FOR EACH ADDITIONAL $1000 OR PART THEREOF.
- **SCHEDULE**: BUILDING OFFICIAL MAY DEMAND AFFIDAVIT OF ACTUAL VALUE.

**VALUE-FEES**

<table>
<thead>
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</tr>
</thead>
</table>

**TYPE OF JOB**

- ORIGINAL
- REPAIR
- ALTERATION
- DEMOLITION
- ADDITION
- CHANGE OF USE

**REQUIRED DOCUMENTS**

- BLUEPRINTS
- TOWN ZONING
- SANITATION APPLIC
- PLOT PLAN
- OTHER

**DEPARTMENT OF BUILDING**

<table>
<thead>
<tr>
<th>NAME</th>
<th>NO. STREET</th>
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<th>ZIP</th>
</tr>
</thead>
</table>

**PERMIT NO.**

**APPLICATION IS HEREBY**

APPROVED [ ] DISAPPROVED [ ]

- RESIDENTIAL
- COMMERCIAL
- OTHER

**TYPE OF BUILDING**

**BUILDER-CONTRACTOR INFORMATION**

<table>
<thead>
<tr>
<th>NAME</th>
<th>CONTRACTOR LICENSE - REGISTRATION NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NO. STREET</th>
<th>EXPIRATION DATE</th>
<th>CONTRACTOR TELEPHONE</th>
</tr>
</thead>
</table>

<table>
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<tr>
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<th>ZIP</th>
</tr>
</thead>
</table>

**PERMITS ARE REQUIRED BEFORE STARTING WORK. EXPIRES ONE (1) YEAR FROM DATE OF ISSUE.**

**DISTANCE FROM EACH SIDE LOT LINE**

<table>
<thead>
<tr>
<th>NORTH</th>
<th>EAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH</td>
<td>WEST</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF STRUCTURE**

- TYPE
- NO. OF STORIES

**PROPOSED USE**

- USE GROUP

**TWO (2) COPIES OF PLANS AND SPECIFICATIONS ATTACHED**

YES [ ] NO [ ]

**PLOT PLAN ATTACHED**

YES [ ] NO [ ]

**REMARKS:**

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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 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.

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**DATE**

**APPLICANT SIGNATURE**

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**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER**