

LOCATION OF JOB	FEE SCHEDULE	TYPE OF JOB
Map Block Lot _____	\$30 FOR FIRST \$1,000 (MINIMUM FEE) \$8 FOR EACH ADDITIONAL \$1,000 OR PART THEREOF AND \$100 PER CO WITH FILE SEARCH FOR UPDATE	CHECK ONLY ONE PER BOX
No. Street Name _____		<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL
Tax Collector Approval _____ Date _____	BASED ON VALUE OF CONSTRUCTION BUILDING OFFICIAL MAY REQUIRE AFFIDAVIT OF ACTUAL VALUE	<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

OWNER	VALUE - FEE	REQUIREMENTS
Last Name First Name _____	CONSTRUCTION VALUE	<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
No. Street Name _____		FEE AMOUNT
Town State Zip _____	THIS FEE INCLUDES THE <u>CT. EDUCATION FUND</u>	

APPLICANT	DEPARTMENT DECISION	TYPE OF BUILDING
Last Name First Name _____	APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	CONSTRUCTION TYPE _____ USE GROUP _____
No. Street Name _____	DATE _____ CODE OFFICIAL _____	
Town State Zip _____		

**BUILDER / CONTRACTOR INFORMATION**

Last Name First Name _____	LICENSE OR REGISTRATION NUMBER AND CLASS _____
No. Street Name _____	/ / ( ) - EXPIRATION DATE      CONTRACTOR TELEPHONE
Town State Zip _____	CONTRACTOR SIGNATURE _____

<b>PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS</b>
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 \_\_\_\_\_

Applicant Email Address to receive approved Building Permit: \_\_\_\_\_