

APPLICATION FOR BUILDING PERMIT - TOWN OF WASHINGTON

LOCATION OF JOB: MAP _____ BLOCK _____ LOT _____ **PERMIT #:** _____
STREET ADDRESS: _____

TYPE OF JOB (CHOOSE ONE): Building _____ Electrical _____ Plumbing _____ Mechanical _____

TYPE OF JOB (CHOOSE ALL THAT APPLY): New _____ Addition _____ Repair _____
Alteration _____ Demo _____ Change of Use _____

TYPE OF BUILDING: Construction Type _____ Use Group _____

REQUIREMENTS: BUILDING DEPT. USE ONLY Zoning _____ Health _____ Fire Marshall _____ Plot or Site Plan _____
Insurance Proof (WC) _____ Historical _____ Flood Plain _____ 2 Sets of Plans _____

OWNER: Last Name: _____ First Name: _____
Address: _____ Phone: _____

APPLICANT: Last Name: _____ First Name: _____
Address: _____ Phone: _____

BUILDER/CONTRACTOR INFORMATION: Name: _____ Address: _____	License or Registration Number & Class: Expiration Date: _____ Phone: _____
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REMARKS OR A BRIEF DESCRIPTION OF WORK PROPOSED: _____

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

I 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 AND WILL BE PERFORMED ACCORDING TO THE CONNECTICUT BASIC BUILDING CODE. AS THE APPLICANT, I UNDERSTAND THAT A FINAL INSPECTION AND A CERTIFICATE OF USE OR OCCUPANCY IS REQUIRED.

APPLICANT SIGNATURE: _____ DATE: _____

FEE SCHEDULE: \$30 for the first \$1,000 (minimum fee), \$9 for each additional \$1,000 or part thereof. \$500 if post-facto.
Based on VALUE of construction. Building official may require affidavit of actual value.

Construction value: \$ _____ Fee Amount: \$ _____

APPLICATION IS: APPROVED: DENIED:
BLDG. OFFICIAL: _____ DATE: _____

CHECK #: _____ AMT: _____ FEE PAID BY: _____