APPLICATION FOR BUILDING PERMIT – TOWN OF WASHINGTON

PERMIT #: ______________________

STREET ADDRESS OF JOB:

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

TYPE OF JOB (CHOOSE ALL THAT APPLY): New ______ Addition ______ Repair ______

Alteration ______ Demo ______ Change of Use ______

PROPERTY OWNER: Last Name: ___________________________ First Name: ___________________________

Address: ___________________________________________ Phone: ____________________________

APPLICANT: Last Name: ___________________________ FirstName: ___________________________

Address: ___________________________________________ Phone: ____________________________

BUILDER/CONTRACTOR INFORMATION: License or Registration Number & Class:

Name: ___________________________________________ Expiration Date: __________________

Address: ___________________________________________ Phone: ____________________________

REMARKS OR A BRIEF DESCRIPTION OF WORK PROPOSED:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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

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: ____________________________

Construction value:$ ___________________________ Fee:$ ___________________________

FEE SCHEDULE: $30 for the first $1000 (minimum fee), $9.00 for each additional $1000 or part

thereof.

Post-Facto $500 for research, Administration and Inspection Fees

BUILDING DEPT. USE ONLY

APPLICATION IS: APPROVED: ___________________________ DENIED: ___________________________

BLDG. OFFICIAL: ___________________________ DATE: ___________________________

REQUIREMENTS: Zoning______ Health______ Fire Marshall______ Plot or Site Plan______

Insurance Proof (WC)______ Historical______ Flood Plain______ 2 Sets of Plans______

TYPE OF BUILDING: Construction Type______ Use Group ______

LOCATION OF JOB: Map______ Block______ Lot______

CHECK#: ___________________________ AMT: ___________________________ FEE PAID BY: ___________________________

Revised 12/15/17