

APPLICATION FOR BUILDING PERMIT

TOWN OF COLEBROOK CONNECTICUT

PERMIT NO. _____

CONTRACTOR'S
LICENSE NO. _____

CONTRACTOR'S
TELEPHONE _____

LOCATION OF JOB

HOUSE NO. _____ STREET _____

HOMEOWNER TELEPHONE _____

OWNER

NAME _____

MAILING ADDRESS _____

TOWN OR CITY _____ STATE _____ ZIP _____

APPLICANT

NAME _____

MAILING ADDRESS _____

TOWN OR CITY _____ STATE _____ ZIP _____

BUILDER

NAME _____

NO. _____ STREET _____

TOWN OR CITY _____ STATE _____ ZIP _____

Square Footage SIZE OF BUILDING

House _____

Garage _____

Porch/Deck _____

Outbuildings _____

MATERIAL OF FOOTING

WIDTH _____ DEPTH _____

DEPTH BELOW GRADE _____

MATERIAL OF FOUNDATION

Thickness _____

Above Grade _____

Below Grade _____

MATERIAL OF CHIMNEY

MATERIAL OF PIERS

Distance Apart _____

Size of Footing _____

FEE SCHEDULE

CONSTRUCTION COST PLUS STATE FEE

New Construction/Additon
\$75.00 per square foot times \$10.00 per thousand
FEE: \$10.00 per \$1,000.00 of cost
plus state fee (call for exact amount
of state fee required)

\$10.00 per thousand

Building Official may demand affidavit of actual cost.

| | COST | FEE |
|------------|-------|-------|
| Estimated | _____ | _____ |
| Actual | _____ | _____ |
| Difference | _____ | _____ |
| Additional | _____ | _____ |

DEPARTMENT DECISION

Application is hereby

Approved Disapproved

_____ DATE _____ INSPECTOR _____

THIS PERMIT EXPIRES SIX MONTHS FROM DATE OF ISSUE

1. Type of Structure _____ Type _____
2. Proposed Use _____ Use Group _____
3. Number of Stories _____
4. 3 (three) sets Plans and Specifications attached. Yes No

ANY EXCAVATION RELATED TO PROPOSED BUILDING SITES REQUIRES 48 HOURS NOTICE TO THE BUILDING INSPECTOR OFFICE. ALSO ANY OTHER REQUIRED INSPECTIONS AS STATED ON BACK OF PERMIT. **MEC CHECK REQUIRED**

Plan Review Notes: _____

CBYD# _____

All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to CT Basic Building Code.

FEE COVERS

BUILDING _____

HEATING _____

PLUMBING _____

ELECTRICAL _____

Certificate of Use and Occupancy _____

REQUIREMENTS

Copy of Worker's Compensation

Copy of State Contractors License

Any other information required by this office

TYPE OF BUILDING

Residential Commercial

_____ OTHER _____

TYPE OF JOB

Original Construction Repair

Alteration Demolition

Addition Wood Stove

_____ DATE _____

_____ APPLICANT _____