

Town Of Deep River Building Permit Application

Date _____

Permit # __ - __

Location of Building	Address _____ _____ (Number) (Street)	
	Subdivision _____ Lot _____ Lot Size _____ (If Applicable)	
	For Office Use: Map # _____ Lot # _____	

Applicant	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph () _____	Fax () _____	

Owner	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph () _____	Fax () _____	

Contractor Information				
Business Name _____			Address _____	
City _____	State _____	Zip _____	Telephone (Include Area Code) _____	
Builders License Number _____			Expiration Date _____	
You must attach a copy of current "Contractor's License" and current "Proof of Workman's Comp. Insurance".				

Type of Improvement (If new construction, fill in sections A - H)					
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> NEW GARAGE	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> POOL	<input type="checkbox"/> OTHER
<input type="checkbox"/> NEW SHED	<input type="checkbox"/> NEW DECK	<input type="checkbox"/> NEW BARN	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> REPAIR	
BRIEFLY DESCRIBE PROJECT - _____					

A. Proposed Use of Building (Residential)					
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> TWO OR MORE FAMILY	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> BARN	<input type="checkbox"/> OTHER _____

B. Proposed Use of Building (Non-Residential)
<input type="checkbox"/> PLEASE EXPLAIN _____

C. Principal Type of Framing				
<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> MASONRY	<input type="checkbox"/> STRUCTURAL STEEL	<input type="checkbox"/> REINFORCED CONCRETE	<input type="checkbox"/> OTHER _____

D. Principal Type of Heating					
<input type="checkbox"/> OIL	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> COAL	<input type="checkbox"/> WOOD	<input type="checkbox"/> OTHER _____

E. Principal Type of Sewage Disposal	
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> SEPTIC SYSTEM

F. Principal Type of Water Supply	
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> PRIVATE WELL OR CISTERN

G. Type of Mechanical	
WILL THERE BE CENTAL AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THERE BE FIRESUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO

H. Dimensions / Data				
NUMBER OF STORIES _____	SQUARE FOOTAGE:	EXISTING	ALTERATIONS	NEW
	BASEMENT:	_____	_____	_____
	1ST FLOOR:	_____	_____	_____
	2ND FLOOR:	_____	_____	_____
	OTHER:	_____	_____	_____
	TOTAL SQ FOOTAGE:	_____	_____	_____

<h2 style="margin: 0;">Checklist</h2>	
Please be sure all items below are included when submitting a building permit.	
For project without footprint change.	For project with footprint change.
<input type="checkbox"/> Signed building permit application. <input type="checkbox"/> 2 Sets of building plans. <input type="checkbox"/> 1 Site plan. <input type="checkbox"/> Contractor License & Insurance. (copies) <input type="checkbox"/> Workers' Compensation Statement. (If no contractor is involved)	<input type="checkbox"/> Signed building permit application. <input type="checkbox"/> 2 Sets of building plans. <input type="checkbox"/> 2 Site plans. <input type="checkbox"/> Inland/Wetland Application <input type="checkbox"/> Zoning Application & appropriate maps & site plans. <input type="checkbox"/> Contractor License & Insurance. (copies)
	<input type="checkbox"/> Workers Compensation Statement. (If no contractor is involved) <input type="checkbox"/> Health District Approval.

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF CONNECTICUT. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.	
Signature of Applicant X	Date

JOB COSTS	
Cost of Improvement	\$ _____
Electrical	\$ _____
Plumbing	\$ _____
Heating, Air Conditioning	\$ _____
Other (elevator, etc.)	\$ _____
TOTAL COST	\$ _____

FEES	
Total Cost	_____
First \$1000.00 x \$25.26	\$ 25.26
Each addl. \$1000.00 x \$15.26	\$ _____
Total Building Fees	\$ _____
Additional fees may apply if this application requires Zoning approval (Zoning approval is required when said project alters the original footprint of the property)	

PAYMENT
Total Paid _____
Date _____
Building _____
Zoning _____
State _____
Check # _____
Cash _____

The submitted plans have been reviewed and found to generally be in compliance with Connecticut Codes which are made a part of this permit and shall take precedent over any submitted drawings.	
Signature of Building Official <i>Richard E. Leighton</i>	Date

The building inspector conducts inspections on Monday and Wednesday mornings ONLY, please plan accordingly.