

MAP _____ BLOCK _____ LOT _____

PERMIT# _____



APPLICATION FOR BUILDING PERMIT - TOWN OF WASHINGTON

STREET ADDRESS OF JOB: _____

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

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

PROPERTY OWNER: Last Name: _____ First Name: _____

Address: _____ Phone: _____

APPLICANT: Last Name: _____ First Name: _____

Address: _____ Phone: _____

Would you like to receive an electronic copy of your permit? Y N Email: _____

CONTRACTOR INFORMATION:

Name: _____

Address: _____

Phone: _____ Does the scope of the project include Hot Work? Y N
(NFPA 51B, ANSI Z-49.1)

License/Registration Number & Class

Expiration Date

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 2022 CONNECTICUT STATE BUILDING CODE AND APPLICABLE STANDARDS. 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 \$1,000 (min. fee), \$9 for each additional \$1,000 or part thereof PLUS \$500 if post-facto. Based on TOTAL CONSTRUCTION VALUE. Building official may require affidavit of actual value.

BUILDING DEPARTMENT USE ONLY

APPLICATION IS: APPROVED DENIED COMMENTS: _____

Permit fee waived at discretion of the First Selectman.
(SIGN & DATE): _____

BUILDING OFFICIAL: _____ DATE: _____