



Office of Building Compliance Town of Seymour, Connecticut Application for Permit



**** TURN OVER & FINISH**

Property Location Street Address

Date

Owner's Name (As it appears on Land Records)

Owner's Street Address

Town/City

State

ZIP Code

Contact Phone #

E-Mail

Fax #

Applicant's Business Name or LLC Name

Applicant's Name / Homeowner's Name

Applicant's Street Address

Town/City

State

ZIP Code

Contact Phone #

E-Mail

Fax #

Signature of General Contractor / Homeowner

CT Trade License #

Project Type:

New Construction

Fuel/Gas

Solar PV System

Addition

Deck

Demolition

Alteration

Tenant Fit Out

Accessory Building

Repair/Replacement

Generator

Swimming Pool

Project or structure within 100' of wetlands? Yes No

Work to be conducted in Town right-of-way? Yes No

★ **Description of Work:** _____

Permit Type:

Building Permit

Permit # _____ Estimated Cost _____ Fee _____

New Home

Residential Addition

Commercial Structure

Commercial Addition

Electrical Permit

Permit # _____ Estimated Cost _____ Fee _____

CRS#: _____

HVAC Permit

Permit # _____ Estimated Cost _____ Fee _____

Plumbing Permit

Permit # _____ Estimated Cost _____ Fee _____

Demolition Permit

Permit # _____ Estimated Cost _____ Fee _____

Other _____

Permit # _____ Estimated Cost _____ Fee _____

TOTAL \$ _____

Remarks: _____

**** TURN OVER AND FINISH**

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Construction Type: Residential Commercial Industrial

Use and Occupancy Group: _____ Mixed Use: _____ Separated Yes No

Height of Building: _____

Total Sq. Ft. of Building: _____

List below the gross square footage of each story, above and below grade:

| Story | Area in Sq. Ft. | Story | Area in Sq. Ft. | Story | Area in Sq. Ft. |
|-------|-----------------|-------|-----------------|-------|---------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | | TOTAL SQ. FT. _____ |

Architect's Information: (Attach as applicable) License # _____

Engineer's Information: (Attach as applicable) License # _____

Documents Submitted/Attached:

- Zoning Building Plans Site Plans Building Sections Building Elevations Health Dept.
- Reports Calculations License Dept. Approvals Insurance Certificate Threshold Review
- Details Authorization of Applicant Other than Owner Manufacturer's Literature
- Statement of Special Inspections Other (describe) _____

Total Estimated Cost of Construction: \$ _____
(Value of Labor & Materials)

★ **Certification:**

I hereby certify that: I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. I further grant authorization to a representative of the Town of Seymour to enter the property on this application to conduct the required inspections per CT State Building code and that there are no environmental issues or hazards in the proposed work.



Signature of Owner/Authorized Agent

For Building Official's Use Only

| | |
|--|--------------------|
| Municipal Fee: _____ | Permit #: _____ |
| State of CT: _____ | Permit Use: _____ |
| Certificate of Occupancy Fee: _____ | Permit Fee: _____ |
| Seymour Administration Fee: _____ \$10.00 | |
| Total Fee: _____ | Review Date: _____ |

Check #: _____ Cash _____

Received By

Signature of Building Official