



**Office of Building Compliance
Town of Seymour, Connecticut
Application for Permit
P: 203-888-3545**

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**** TURN OVER & FINISH** →

Project Street Address _____

Date _____

Owner's Name _____

Owner's Street Address _____

Town/City _____

State _____

ZIP Code _____

Contact Phone # _____

E-Mail _____

Applicant Name _____

Business Name _____

Business Address _____

Town / City _____

State _____

ZIP Code _____

Contact Phone # _____

E-Mail _____

SIGNATURE -- General Contractor / Homeowner / Owner _____

Trade License # _____

Project Type:

- | | | |
|--------------------------------------------------------|-----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Alteration | <input type="checkbox"/> Solar Panel |
| <input type="checkbox"/> Addition _____ | <input type="checkbox"/> Pressure Test | <input type="checkbox"/> In Law Addition |
| <input type="checkbox"/> New Service (CRS#) | <input type="checkbox"/> Tenant Fit Out | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Repair/ Replace / New Install | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Roof / Siding / Windows |

➔ **REFERENCE BUILDING CODE:** _____

★ **DESCRIPTION OF WORK:** _____

For Office Use Only

Building Permit # _____ Estimated Cost _____ Fee _____

- | | |
|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> New Home | <input type="checkbox"/> Residential Addition |
| <input type="checkbox"/> Commercial Structure | <input type="checkbox"/> Commercial Addition |

Electrical Permit # _____ Estimated Cost _____ Fee _____

CRS#: _____

HVAC Permit # _____ Estimated Cost _____ Fee _____

Plumbing Permit # _____ Estimated Cost _____ Fee _____

Demolition Permit # _____ Estimated Cost _____ Fee _____

Other Permit # _____ Estimated Cost _____ Fee _____

****TURN OVER** →

COMPLEATE ALL INFORMATION

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 2 Sets of Plans Site Plans Fuel / Gas Prop Owner Approval Driver License
- W.P.C.A N.V.H.D License Dept. Approvals Insurance Certificate Heat Loss Calc.
- Details Authorization of Applicant Other than Owner Manufacturer's Literature
- Excavation 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 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

Please Do Not Fill In The Area Below:

Municipal Fee: _____ Permit #: _____

State of CT: _____

Certificate of Occupancy Fee: _____

Seymour Administration Fee: **\$10.00**

Total Fee: _____ Review Date: _____

Check #: _____ Cash _____

Received By

**TURN OVER

