

Town Of Killingworth Building Permit Application

Date _____
Permit # _____ - _____

| | | |
|---------------------------------|--|--|
| Location of Building | Address _____ _____ <small>(Number) (Street)</small> | |
| | Subdivision _____ Lot _____ Lot Size _____ <small>(If Applicable)</small> | |
| | For Office Use: Map # _____ Lot # _____ | |

| | | | | | | | |
|---|-----------------------|-------------|---------------|--------------|-----------------------|-------------|-------------|
| Applicant <small>(name of person signing application)</small> | Name _____ | | | Owner | Name _____ | | |
| | Mailing Address _____ | | | | Mailing Address _____ | | |
| | City _____ | State _____ | Zip _____ | | City _____ | State _____ | Zip _____ |
| | Day Ph () _____ | | Fax () _____ | | Day Ph () _____ | | Email _____ |

| Contractor Information | | | | | |
|---|-------------|-----------|---------------------|--|--|
| Business Name _____ | | | Address _____ | | |
| City _____ | State _____ | Zip _____ | Telephone () _____ | | |
| Builders License Number _____ | | | Email _____ | | |
| You must attach a copy of current "Contractor's License" and current "Proof of Workman's Comp. Insurance". | | | | | |

| Type of Improvement <i>(If new construction, fill in sections A - H)</i> | | | | | |
|--|-------------------------------------|--|-------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> NEWCONSTRUCTION | <input type="checkbox"/> NEW GARAGE | <input type="checkbox"/> NEW BARN | <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> POOL | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> NEW SHED | <input type="checkbox"/> NEW DECK | <input type="checkbox"/> ONLY DEMOLITION | <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? YES NO

WILL THERE BE FIRE SUPPRESSION? YES NO

H. Dimensions / Data

| | | | | |
|-------------------------|-------------------|----------|-------------|-------|
| NUMBER OF STORIES _____ | SQUARE FOOTAGE: | EXISTING | ALTERATIONS | NEW |
| | BASEMENT: | _____ | _____ | _____ |
| | 1ST FLOOR: | _____ | _____ | _____ |
| | 2ND FLOOR: | _____ | _____ | _____ |
| | OTHER: | _____ | _____ | _____ |
| | TOTAL SQ FOOTAGE: | _____ | _____ | _____ |

Checklist

Be sure all items below are included when submitting a building permit.

For project **without** footprint change:

- Signed building permit application.
- 2** Sets of building plans
- 1** Site plan
- Contractor License (copy)
- Worker's Compensation Statement

For project **with** footprint change:

- Signed building permit application.
- 2** Sets of building plans.
- 3** Site plans.
- Contractor License (copy)
- Worker's Compensation Statement.
- Inland/Wetland Application.
- Zoning Application.
- Sanitation Review Form.

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, A/C | \$ _____ |
| Other (elevator, etc.) | \$ _____ |
| TOTAL COST | \$ _____ |

| FEES | |
|--|-----------------|
| Total Cost | _____ |
| 1. Round "Total Cost" up to next \$1000 | _____ |
| 2. First \$1000.00 x \$25.00 | \$ 25.00 |
| 3. Each addl. \$1000.00 x \$15.00 | \$ _____ |
| 4. Education Fees (.26 cents per \$1000) | _____ |
| (add #2-4) 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 _____ |
| Education _____ |
| Sanitation _____ |
| Wetlands _____ |
| 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
Jerry Russ

Date

The building inspector has limited availability for inspections, please plan accordingly.