

LOCATION OF JOB	FEE SCHEDULE	TYPE OF JOB					
Map Block Lot _____	\$20 FOR FIRST \$1,000 (MINIMUM FEE) \$100 IF POST-FACTO \$6 FOR EACH ADDITIONAL \$1,000 OR PART THEREOF AND \$15 PER CO	CHECK ONLY ONE PER BOX					
No. Street Name _____		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;"> <input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL </td> <td style="width:50%; border-bottom: 1px solid black;"> <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> NEW <input type="checkbox"/> REPAIR </td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERNATION </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"> <input type="checkbox"/> DEMOLITION <input type="checkbox"/> CHANGE OF USE </td> </tr> </table>	<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL	<input type="checkbox"/> NEW <input type="checkbox"/> REPAIR	<input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERNATION	<input type="checkbox"/> DEMOLITION <input type="checkbox"/> CHANGE OF USE
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<input type="checkbox"/> NEW <input type="checkbox"/> REPAIR	<input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERNATION						
<input type="checkbox"/> DEMOLITION <input type="checkbox"/> CHANGE OF USE							
Town _____ State _____ Zip _____	BASED ON VALUE OF CONSTRUCTION BUILDING OFFICIAL MAY REQUIRE AFFIDAVIT OF ACTUAL VALUE						

OWNER	VALUE - FEE	REQUIREMENTS
Last Name First Name _____	CONSTRUCTION VALUE FEE AMOUNT <u>THIS FEE INCLUDES THE</u> <u>CT. EDUCATION FUND</u>	<input type="checkbox"/> ZONING <input type="checkbox"/> HEALTH DEPT <input type="checkbox"/> FIRE MARSHAL <input type="checkbox"/> PLOT PLAN <input type="checkbox"/> INSURANCE PROOF (W.C.) <input type="checkbox"/> HISTORICAL APPROVAL <input type="checkbox"/> FLOOD PLAIN APPROVAL <input type="checkbox"/> TWO SETS OF PLANS
No. Street Name _____		
Town _____ State _____ Zip _____		

APPLICANT	DEPARTMENT DECISION	TYPE OF BUILDING
Last Name First Name _____	APPLICATION IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	CONSTRUCTION TYPE _____ USE GROUP _____
No. Street Name _____		
Town _____ State _____ Zip _____	_____ DATE CODE OFFICIAL	

BUILDER / CONTRACTOR INFORMATION

Last Name First Name _____	LICENSE OR REGISTRATION NUMBER AND CLASS _____
No. Street Name _____	/ / () - EXPIRATION DATE CONTRACTOR TELEPHONE
Town _____ State _____ Zip _____	CONTRACTOR SIGNATURE _____

PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS
REMARKS OR A BRIEF DESCRIPTION OF WORK PROPOSED:

THIS IS TO 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. AS THE APPLICANT I UNDERSTAND THAT A FINAL INSPECTION AND CERTIFICATE OF USE AND OR OCCUPANCY IS REQUIRED BEFORE OCCUPANCY OR USE.

PAID BY _____ CK NO: _____ DATE _____ APPLICANT SIGNATURE _____