

APPLICATION FOR BUILDING PERMIT
(Must be completed in its entirety.)

Date _____

House Number _____ Street _____ Lot # _____

Owner _____

Owner's Address _____
Street _____ City _____ State _____ Zip _____

CONSTRUCTION: New Alteration Addition Repair Removal

TO BE OCCUPIED AS: _____

SCOPE OF WORK: _____

FOUNDATION: Basement Yes No Walls: Poured Concrete Blocks Other _____

Mason's Name _____ Address _____

STRUCTURE: Frame Brick Stone Conc. Block Other _____

Interior Walls Cover _____ Exterior Walls Cover _____

PLUMBING: Connect to Sanitary Sewer Septic Tank

Connect to City _____ Water App _____

HEATING: Heat by Oil Gas Hot Air Hot Water Steam Other

SAMPLE COPY ONLY,

NOT FOR USE

Please answer the following questions: _____

Size of Building _____ Number of Floors _____ Floor Area _____

Size of Addition _____ Size of Pool _____

Is there a building on this lot now? _____ If so, how occupied _____

Architect's Name _____ Address _____

General Contractor's Name _____ Address _____

I estimate the value of this Work Will Be \$ _____ Inspector's Est. \$ _____

Applicant's Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

FEE PAID	Cash <input type="checkbox"/>
\$ _____	Check <input type="checkbox"/>
Receipt No.	M.O. <input type="checkbox"/>

Permit Number	Date	Issued
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Plumbing	Heating	Electrical	Structural
Permit#	Permit #	Permit#	Permit#
Underground:	Rough:	Rough:	Foundation:
Rough:	Final:	Final:	Framing:
Final:			Insulation:
			Final:
Zoning:	Sent _____	Returned _____	
Fire Marshal:	Sent _____	Returned _____	
Health Department:	Sent _____	Returned _____	

SCHEDULE OF PERMIT FEE

Up to \$1,000.00	\$15.00
\$1,001.00 to \$5,000,000.00	\$12.00
for each additional \$1,000.00 or fraction of.	
\$5,000,000.00 or more	\$ 6.00
for each additional \$1,000.00 or fraction thereof above \$5,000,000.00	

APPROVALS FROM OTHER DEPARTMENTS

Zoning Enforcement Officer	Date
Engineering Dept.	Date
Fire Marshal	Date
Sewer Approvals	Date
State of Connecticut	Date
Board of Health	Date
Tax Collector	Date

CERTIFICATE OF OCCUPANCY FEES SCHEDULE

Residential Buildings and additions	
Less than 2 dwelling units	\$15.00
Residential buildings and additions	
2 or more dwelling units	Per Units
Accessory Structures	\$15.00

ALL OTHER BUILDINGS AND STRUCTURES

Up to 50,000 sq. ft. (total area)	\$25.00
Over 50,000 sq ft. but not over 5000,000 sq ft.	\$35.00
Over 5000,000 sq. ft.	\$50.00

Plans Reviewed by _____

Occupancy Fee _____

Modification # (If Applicable) _____

ADDITIONAL DATA REQUIRED

FOUNDATION: Kind of Materials _____ thickness _____
 Size of Footings _____ Depth below grade _____
 Kind of columns in cellar _____ Size _____ Spacing _____

FRAME: Size of girder _____ Sills _____ Corner posts _____ Plate _____
 Size of floor joists _____ Spacing on centers _____ Longest span _____
 Size of ceiling joists _____ Spacing on centers _____ Longest span _____
 Size of rafters _____ Spacing on centers _____ Longest span _____
 Size of studs in bearing walls _____ Spacing on centers _____
 Type of sheathing on walls _____ Weatherproofing on exterior walls _____
 Type of sheathing on roof _____ Weatherproofing of roof _____

HEATING: Kind of chimney _____ Size of flue _____ Kind of lining _____
 Will there be a fireplace? _____ Ceiling Height 1st Floor _____ 2nd Floor _____ 3rd Floor _____

Application requirements of Masonry and Steel Construction Page 4 of Application.

ENERGY CONSERVATION: Insulation and "U" values
 Roofs _____ Exterior Walls _____ Slabs on Grade _____
 Floors Above _____ Glazing _____
 (unheated spaces)

Duly Verified Affidavit of Owner or Qualified Person to Authorize Applicant to make such Application:

I Certify as Owner: (Name: _____) I duly authorize the agent the Contractor named below to make application for a Building Permit in the City of Milford, to construct

_____ Type of Construction: _____ Use Group: _____

Name of authorized agent or contractor: _____

Home Improvement License # _____

Address of agent or contractor: _____

Location of Property: House # _____ Street _____ Lot # _____

To cover property location as specified on this affidavit:

Signature of Owner _____

Address _____