Print Form

TOWN OF GLASTONBURY
APPLICATION FOR BUILDING PERMIT
CONNECTICUT STATE BUILDING CODE (SBC111.0)

DEPARTMENT DECISION

..... Approved ..... Disapproved

..... Date ..... Inspector

ESTIMATED COSTS

Structural .....
Plumbing .....
Electrical .....
Heating/AC .....
Fire Protection.....
Total .....

FEES

C.O. & Use .....
Structural .....
Plumbing .....
Electrical .....
Heating/AC .....
Fire Protection .....
Total .....

ACTUAL COST AFFIDAVIT MAY BE REQUESTED

(Please Print or Type All Entries)

Job Location Street Address _____ Lot# _____

Owner's Name _____

Street Address _____ Town _____ State _____ Zip _____

Home Phone# _____ Work Phone# _____ Fax# _____ Mobile Phone# _____

Applicant's Name (If other than Owner) _____

Street Address _____ Town _____ State _____ Zip _____

Home Phone# _____ Work Phone# _____ Fax# _____ Mobile Phone# _____

Contractor/General Contractor _____ Registration # _____

Street Address _____ Town _____ State _____ Zip _____ Telephone# _____

Home Phone# _____ Work Phone# _____ Fax# _____ Mobile Phone# _____

ZONING INFORMATION:

Distance From: Zone.....

Street Line..... Rear Line.....

Right Line..... Left Line.....

Zoning Board of Appeals Approval.....TPZ Special Permit.....

Project Type:

a) ☐ New Construction
b) ☐ Addition
c) ☐ Alteration
d) ☐ Repair/Replacement
e) ☐ Demolition
f) ☐ Relocation
g) ☐ Change of Use
h) ☐ Article 32
i) ☐ Designated Historic Structure

Construction Type: ☐ 1A ☐ 1B ☐ 2A ☐ 2B ☐ 2C ☐ 3A ☐ 3B ☐ 4 ☐ 5A ☐ 5B

Use Group(s):

☐ A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ A-5
☐ B
☐ F-1 ☐ F-2
☐ H-1 ☐ H-2 ☐ H-3 ☐ H-4
☐ I-1 ☐ I-2 ☐ I-3
☐ M
☐ R-1 ☐ R-2 ☐ R-3
☐ S-1 ☐ S-2
☐ U

Mixed Use: ☐ Yes ☐ No ☐ Separated ☐ Nonseparated

(Over)

Height of building: **Stories**_____ **Feet:**_____

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.

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

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

Interior Design: (Attach as applicable) Registration#_____

Documents Submitted/Attached:

- ☐ Zoning
- ☐ Building Plans
- ☐ Site Plans
- ☐ Building Sections
- ☐ Building Elevations
- ☐ Health
- ☐ Reports
- ☐ Calculations
- ☐ Details
- ☐ Photographs
- ☐ Threshold Review*
- ☐ Correspondence
- ☐ Authorization of Applicant Other Than Owner
- ☐ Manufacturer's Literature
- ☐ Statement of Special Inspections*
- ☐ Other (describe) _____

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.**

_____ **Date**

_____ Signature of Owner/Authorized Agent