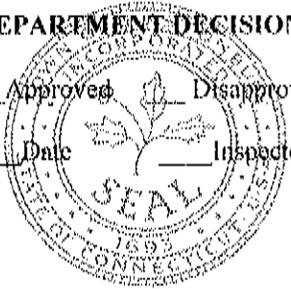


TOWN OF GLASTONBURY
APPLICATION FOR BUILDING PERMIT SINGLE FAMILY/2 FAMILY DWELLING
CONNECTICUT STATE BUILDING CODE

DEPARTMENT DECISION

Approved _____ Disapproved _____

Date _____ Inspector _____



COSTS		FEES	
STRUCTURAL		STRUCTURAL	
PLUMBING		PLUMBING	
ELECTRICAL		ELECTRICAL	
HEATING/AC		HEATING/AC	
TOTAL		ED. FEES:	
		TOTAL	

Actual cost affidavits may be requested

(PLEASE PRINT OR TYPE ALL ENTRIES)

Work Location / Street Address _____ Lot # _____

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

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

Applicant/Contractor's Name _____ Address _____ Town _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____ Contractor's License # _____

PURPOSE OF THIS PERMIT: _____ NEW _____ ADDITION _____ ALTERATION _____ OTHER _____

SQUARE FOOTAGE OF WORK:

Bsmt. _____ 1st. Fl. _____ 2nd. Fl. _____ 3rd. Fl. _____ Total _____

CHECK APPROPRIATE: _____ Septic _____ City Sewer _____ Well Water _____ City Water _____

DESCRIPTION OF WORK: _____

See Reverse Side for Further Description

CERTIFICATION: I hereby certify that: _____ I am the owner of record of the property or _____ 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.

ZONING INFORMATION

Dist. From	Zone	
Street Line	Rear Line	
Left Line	Right Line	
ZBA/TPZ App.	Filed W/ T.C.	

PRINT NAME _____

SIGNATURE OF OWNER/ AUTHORIZED AGENT _____

DATE _____

E-MAIL ADDRESS: _____