

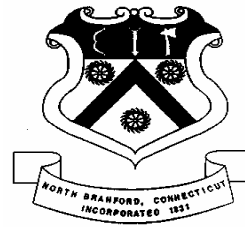
BUILDING PERMIT APPLICATION

Town of North Branford

Building Department

909 Foxon Road North Branford, Connecticut 06471

Phone (203) 484-6008 Fax (203) 484-6018



LINES 1 – 14 MUST BE COMPLETED FOR THIS APPLICATION TO BE ACCEPTED

1.) Application **Date:** ___ / ___ / ___ 2.) **Address of Work Location:** _____

3.) **Map** ___ **Lot** ___ **List No.** ___ **Zoning** _____ ◀ Information obtained from Assessor's Field Card

Requires Tax Office Sign Off

4.) **TAX** **Current:** _____ **Due:** _____ **Initials:** _____ **Date:** _____

5.) Please check one of the following boxes to indicate the **type of work** being done:

- Create a new structure
- Combine existing structures
- Non-structure repair, alteration, or upgrade
- Other: _____

▶ ALL ELECTRICAL, PLUMBING, HEATING AND AIR CONDITIONING REQUIRE SEPARATE PERMITS ◀◀

6.) If creating a **new structure**, indicate the type (house, garage, shed, deck, pool) _____

7.) **General description** of work being done: _____

8.) Type of **Sewage Disposal:** Public (city sewers) or private company Private (septic system)

9.) Type of **Water Supply:** Public (city water) or private company Private (well, cistern)

10.) **Owner** Name: _____ Owner Phone: _____
Owner Address: _____

11.) **Applicant** Name: _____ Applicant Phone: _____
Applicant Address: _____

12.) **Contractor** Name: _____ Contractor Phone: _____
Contractor Address: _____

**** Home Improvement License No.:** _____

13.) **Architect** Name: _____ Architect Phone: _____
Architect Address: _____

14.) **Estimated Cost of Job:** \$ _____

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 applicant, and we agree to conform to all applicable laws, regulations, and ordinances. All information contained within is true and accurate to be best of my knowledge and belief.

X _____ Date ___ / ___ / ___
Signature of Applicant

Reviewed and
Approved by: _____ Date ___ / ___ / ___

Certificate of Occupancy Yes No Special Inspection required Yes No