

BUILDING PERMIT APPLICATION
Roofing / Siding / Windows
Town of North Branford Building Department
 909 Foxon Road North Branford, Connecticut 06471
 Phone (203) 484-6008 Fax (203) 484-6018



LINES 1 – 10 MUST BE COMPLETED FOR THIS APPLICATION TO BE ACCEPTED

1.) Application Date: _____ / _____ / _____

2.) Address of Work Location: _____

3.) Map Lot _____ List No. _____ Zoning _____

4.) TAX	Current: _____	Due: _____	Initials: _____	Date: _____
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5.) Please check one of the following boxes to indicate the **type of work** being done:
 Roofing Siding Windows Insert (Fireplace/Woodstove)

Is roof being stripped? _____ How many layers? _____ # of Square (Roof/Siding) _____

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

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

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

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

**** **Home Improvement License No.:** _____ (copy License and Insurance / attach to application)

10.) **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

For Office Use Only

Construction Class: _____ **Use Group:** _____

Building Official :X _____ **Date:** _____

Special Inspection required Yes No

BUILDING DEPARTMENT \$ _____

STATE EDUCATION FEE: (\$.26 PER \$1,000.) \$ _____

CERTIFICATE OF OCCUPANCY CODE COMPLIANCE \$ _____

MICROFILM: \$ _____

TOTAL FEES COLLECTED FOR PERMIT: \$ _____

Fees Collected: Received By: _____ Date: _____ Check No.: _____ Cash: _____