Office of Building Compliance
Town of Seymour, Connecticut
Application for Permit

B

_____
Date

_____ _____
Property Location Street Address Lot #

_____
Owner's Name (As it appears in Land Records)

_____ _____ _____ _____
Owner's Street Address Town/City State ZIP Code

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

_____
Applicant's Name

_____ _____ _____ _____
Applicant's Street Address Town/City State ZIP Code

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

_____ _____
Contractor/General Contractor CT Registration #

Project Type:

☐ New Construction	☐ Fuel/Gas	☐ Solar PV System
☐ Addition	☐ Deck	☐ Demolition
☐ Alteration	☐ Tenant Fit Out	☐ Accessory Building
☐ Repair/Replacement	☐ Generator	☐ Pool

Structure within the 100-year flood plain? ☐ Yes ☐ No Work to be conducted in Town right-of-way? ☐ Yes ☐ No

Remarks:

Permit Type: ☐ Building Permit Permit # _____ Estimated Cost _____

☐ New Home ☐ Residential Addition Fee _____
☐ Commercial Structure ☐ Commercial Addition
☐ Accessory Building

☐ Electrical Permit	Permit # _____ CRS#: _____	Estimated Cost _____	Fee _____
☐ HVAC Permit	Permit # _____	Estimated Cost _____	Fee _____
☐ Plumbing Permit	Permit # _____	Estimated Cost _____	Fee _____
☐ Demolition Permit	Permit # _____	Estimated Cost _____	Fee _____
☐ Sign Permit	Permit # _____	Estimated Cost _____	Fee _____
☐ Other _____	Permit # _____	Estimated Cost _____	Fee _____

TOTAL _____

NOTE: Plan review applications please complete Plan Review Addendum and attach all correspondence

Remarks:

Construction Type: ☐ Residential ☐ Commercial ☐ Industrial

Use Group(s): _____

Mixed Use: ☐ Yes ☐ No ☐ Separated ☐ Non-separated

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 # _____

Documents Submitted/Attached:

☐ Zoning ☐ Building Plans ☐ Site Plans ☐ Building Sections ☐ Building Elevations ☐ Health Dept.
☐ Reports ☐ Calculations ☐ Details ☐ Photographs ☐ Threshold Review ☐ Insurance Cert.
☐ Correspondence ☐ Authorization of Applicant Other than Owner ☐ Manufacturer's Literature
☐ Statement of Special Inspections ☐ Other (describe) _____

Total Estimated Cost of Construction: _____
(Value of Labor & Materials)

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. I further grant authorization to a representative of the Town of Seymour to enter the property on this application to conduct the required inspections per CT State Building code and that there are no environmental issues or hazards in the proposed work.

_____
Signature of Owner/Authorized Agent

For Building Official's Use Only

Completed Application Received Date: _____ **Permit #:** _____
Other Fees (State of CT): _____ **Permit Use:** _____
Certificate of Occupancy Fee: _____ **Permit Fee:** _____
Total Fee: Cash Check _____ **Review Date:** _____
Check #: _____

_____ _____
Received by **Signature of Building Official**