



OFFICE OF BUILDING COMPLIANCE TOWN OF SEYMOUR, CONNECTICUT

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APPLICATION FOR PERMIT

P: 203-888-3545

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**** TURN OVER & FINISH** →

Property Location Street Address _____ Date _____

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

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

Contact Phone # _____ E-Mail _____

Business Name if NOT Homeowner _____ Applicant / Homeowner/ Owner's Name _____

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

Contact Phone # _____ E-Mail _____

→ SIGNATURE OF --- General Contractor / Homeowner / Owner _____ CT Trade License # _____

- Project Type:**
- | | | |
|---|---|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Fuel/Gas | <input type="checkbox"/> Solar PV System |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Deck | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Tenant Fit Out | <input type="checkbox"/> Accessory Building |
| <input type="checkbox"/> Repair/Replacement | <input type="checkbox"/> Generator | <input type="checkbox"/> Swimming Pool |

Project or structure within 100' of wetlands? Yes No Work to be conducted in Town right-of-way? Yes No

★ **DESCRIPTION OF WORK:** _____

Permit Type: *** OFFICE USE ONLY BELOW** ↓

Building Permit Permit # _____ Estimated Cost _____ Fee _____

- | | |
|---|---|
| <input type="checkbox"/> New Home | <input type="checkbox"/> Residential Addition |
| <input type="checkbox"/> Commercial Structure | <input type="checkbox"/> Commercial Addition |

Electrical Permit Permit # _____ Estimated Cost _____ Fee _____

CRS#: _____

HVAC Permit Permit # _____ Estimated Cost _____ Fee _____

Plumbing Permit Permit # _____ Estimated Cost _____ Fee _____

Demolition Permit Permit # _____ Estimated Cost _____ Fee _____

Other Permit # _____ Estimated Cost _____ Fee _____

GRAND TOTAL OF ALL PERMITS - \$ _____

Office Remarks: _____ ****TURN OVER AND FINISH** →

COMPLETE ALL INFORMATION

Construction Type: Residential Commercial Industrial

Use and Occupancy Group: _____ Mixed Use: _____ Separated Yes No

Height of Building: _____

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.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
					TOTAL 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 License Dept. Approvals Insurance Certificate Threshold Review
- Details 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

Municipal Fee: _____ Permit #: _____

State of CT: _____

Certificate of Occupancy Fee: _____

Seymour Administration Fee: **\$10.00**

Total Fee: _____ Review Date: _____

Check #: _____ Cash _____

Received By

Signature of Building Official