



Town of Essex Building Permit Application

Residential ___ Commercial ___

Town of Essex Building Department

29 West Avenue, Essex, CT 06426

Phone: 860-767-4340 Building Official x 117/Asst. 144 Fax: 860-767-8509

HVAC ___ PLMB ___ ELEC ___

CRS # _____ Sprinkler ___

Permit # _____

Map: _____ Lot: _____ Zone: _____ Year Built: _____

Project Permit # _____

Property Address: _____ Village: _____

Owner of Record: _____

Applicant/Contractor: _____ Lic # _____

Attach copy of Contractors License & Certificate of Insurance for Worker's Compensation or State of CT Form 7A/7B)

Mailing Address: _____

(No./Street/PO Box/City/State/Zip)

Telephone/Cell# _____ E-mail address: _____

Type of Improvement: New Construction/addition New Shed/Garage/Barn New Deck Foundation Only

Roof Demolition Repair/Alteration Other Proposed Use: _____ Proposed Occupancy: _____

Description of proposed work : _____

Commercial Only (New Construction/Additions) Construction Type: _____ Design Occupant Load: _____

New Square Footage: _____ Sprinkler Provided: Y/N Sprinkler Required: Y/N

Electrical \$ _____ HVAC \$ _____ Plumbing \$ _____ Total Cost of Project \$ _____

*****Please make check payable to: Town of Essex*****

Fee \$ _____

(Note: Fee schedule available at www.essexct.gov.)

This application is to be accompanied by (2) sets of construction documents unless waived by the building official.

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. 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. In addition, if a permit for work described in this application is issued, I certify that the code official or the code officials authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce provisions of the code(s) applicable to such permit.

Applicant's Signature: _____ (Property owner/Contractor/**demo contractor**/authorized agent)

Date: _____

Property Owner: _____ (**for Demolition permit**)

Date: _____

Approved:

Fire Marshal (Commercial only): _____ Tax Dept _____ Zoning _____ Health _____

(initial)

(initial)

(initial)

(initial)

Building Official: _____ Approved (Date): _____

