

Town of Essex Building Permit Application

Date Submitted _____

Permit # _____

Map: _____ Lot: _____ Zone: _____

Property Address: _____ City: _____

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# _____

Type of Improvement: New Construction New Shed/Garage/Barn New Deck Foundation Only
 Roof **Demolition** Repair/Alteration Other

Description of proposed work : _____

Cost of Project	\$	PAID
Electrical	\$	Cash
Heating/AC	\$	
Plumbing	\$	Check #
Total Cost of Project	\$	
Building Fee Amount Due	\$	Date

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

Residential Permit

APPROVAL SUBJECT TO COMPLIANCE WITH NEW BUILDING AND FIRE CODES WHICH WERE ADOPTED 12/31/2005 AND NOTATIONS ON SUBMITTED PLANS. ISSUED IN ACCORDANCE WITH 2003 IRC, 2009 IECC AND 2005 NEC WITH CT SUPPLEMENT.

Commercial Permit

APPROVAL SUBJECT TO COMPLIANCE WITH NEW BUILDING/FIRE CODES WHICH WERE ADOPTED 12/31/2005 AND NOTATIONS ON SUBMITTED PLANS. ISSUED IN ACCORDANCE WITH 2003 I.B.C. WITH CT SUPPLEMENT.

International Existing Building Code Permit

APPROVAL SUBJECT TO COMPLIANCE WITH EXISTING BUILDING/FIRE CODES FOR REPAIR, ALTERATION, ADDITION OR CHANGE OF OCCUPANCY IN EXISTING BUILDINGS ISSUED IN ACCORDANCE WITH 2003 I.E.B.C.

PLEASE CALL 860-767-4340 EXT 144 WHEN READY FOR INSPECTION WITH PERMIT NO. AVAILABLE. CERTIFICATE OF OCCUPANCY/COMPLETION WILL BE ISSUED AFTER FINAL INSPECTION AND ALL DOCUMENTS HAVE BEEN RECEIVED BY THE SANITARIAN, ZONING AGENT AND BUILDING OFFICIAL. PERMIT EXPIRATION, REFUND, TRANSFER POLICY POSTED. PROVIDED UPON REQUEST

POST THIS PERMIT SO THAT IT IS VISIBLE FROM THE STREET

Principal Type of Framing: Wood Masonry Structural Steel Reinforced Concrete Other _____

Principal Type of Heating: Oil Gas Electric Coal Wood Other _____

Type of Mechanical: Central Air Conditioning? YES NO Will there be Fire Suppression? YES NO

Architect: _____ Mailing Address: _____

Phone: _____ E-Mail: _____

Dimensions/Date – COMMERCIAL ONLY

Number of Stories: _____

Square Footage	Existing	Alterations	New
Basement			
1 st Floor			
2 nd Floor			
Other			
Total Square Footage			

Checklist: Please be sure all items below are included when submitting a building permit.

- Copy of your Home Improvement or New Home Contractor license
- Copy of your Certificate of Insurance for Worker’s Compensation/Form 7A, B or C
- (2) Sets of Building/floor plans
- In addition, for **DEMOLITION** you will need:
 - Completed Checklist for Application for Demolition Permit including all requested reports, forms and attachments
 - NOTICE OF INTENT TO DEMOLISH (If structure is over 75 years old)

Applicant’s Signature _____ (Property owner/Contractor/authorized agent)

Property Owner: _____ (for Demolition permit)

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 that I have been authorized to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. 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.

Building Official: _____ Approved (Date): _____
 Keith C. Nolin

Approval from: Health Dept.: _____ Date: _____ Land Use Dept.: _____ Date: _____

Tax Department: Property Taxes Paid to Date _____ Yes _____ No

Tax Collector/Assistant Tax Collector : _____
 (Signature)

FILE - APPLICANT – OWNER – BINDER – ASSESSOR (Approved for use 5-6-13)