



## Town of Essex Building Permit Application

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

Check all that apply: Residential \_\_\_\_ Commercial \_\_\_\_ Map: \_\_\_\_ Lot: \_\_\_\_ Zone: \_\_\_\_

HVAC \_\_\_\_ PLMB \_\_\_\_ ELEC \_\_\_\_ Sprinkler \_\_\_\_ Improvement \_\_\_\_ Year Built: \_\_\_\_

Project Address: \_\_\_\_ Application # \_\_\_\_

Village: \_\_\_\_ Project Permit # \_\_\_\_

Owner of Record: \_\_\_\_ E-Mail Address: \_\_\_\_

Mailing Address: \_\_\_\_  
(No./Street/PO Box/City/State/Zip)

Applicant/Contractor: \_\_\_\_ Lic /Reg.# \_\_\_\_

Attach copy of Contractors Lic/Reg & Certificate of Insurance for Liability and Worker's Compensation and/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: \_\_\_\_

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 Proposed Occupancy: \_\_\_\_

Electrical \$ \_\_\_\_ HVAC \$ \_\_\_\_ Plumbing \$ \_\_\_\_ Improvement \$ \_\_\_\_

CRS# \_\_\_\_ Total Cost of Project \$ \_\_\_\_

Received By: \_\_\_\_ Cash/Check # \_\_\_\_ Fee \$ \_\_\_\_

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 \_\_\_\_ Tax Dept \_\_\_\_ Zoning \_\_\_\_ Health \_\_\_\_

Building Official: \_\_\_\_ Approved (Date): \_\_\_\_