



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 # _____

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: _____

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): _____