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: ____________________________________________________________
Village: ___________________________________________________________________
Application # ____________________  Project Permit # ____________________

Owner of Record: __________________________________________________________
E-Mail Address: ____________________________________________________________
Mailing Address: ____________________________________________________________
(No./Street/PO Box/City/State/Zip)

Applicant/Contractor: ______________________________________________________
Lic # ____________________________
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): ___________