

BUILDING DEPARTMENT
10 MAIN ST.
NEWMILFORD, CT. 06776
PHONE # (860) 355-6090
FAX # (860) 210-2664

NEW STRUCTURE BUILDING PERMIT APPLICATION

PHASED APPROVAL (PHASE 1: FOUNDATION)

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Single Family: Multi-family: Commercial

PLEASE CHECK ONE: OWNER OWNERS AGENT CONTRACTOR

**** PLEASE NOTE: IF THIS APPLICATION IS MADE BY A PERSON OTHER THAN THE OWNER IN FEE, IT SHALL BE ACCOMPANIED BY AN AFFIDAVIT OF THE OWNER OR A SIGNED STATEMENT OF THE APPLICANT WITNESSED BY THE BUILDING OFFICIAL OR SUCH OFFICIALS DESIGNEE TO THE EFFECT THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER IN FEE AND THAT THE APPLICANT IS AUTHORIZED TO MAKE SUCH APPLICATION. IF THE AUTHORIZED AGENT IS A CONTRACTOR, THE PROVISIONS OF SECTION 20-338B OF THE CONNECTICUT GENERAL STATUTES SHALL BE FOLLOWED. THE FULL NAMES AND ADDRESSES OF THE OWNER, AGENT AND THE RESPONSIBLE OFFICER, IF THE OWNER OR AGENT IS A CORPORATION BODY, SHALL BE STATED IN THE APPLICATION.**

APPLICANT NAME: _____ PHONE # _____

ADDRESS OF WORK TO BE PERFORMED _____

APPLICANT / OWNERS SIGNATURE _____

CONTRACTORS ADDRESS _____ LICENSE# _____

WORKER COMPENSATION: YES NO

(IF NO PLEASE SIGN WORKERS COMPENSATION WAIVER LOCATED ON BACK OF APPLICATION)

EMAIL ADDRESS _____

(PERMIT WILL BE EMAILED TO THIS ADDRESS-PERMIT WILL NOT BE MAILED)

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***Prior to the issuance of a certificate of occupancy for a new residential or commercial building for which a concrete foundation was installed on or after October 1, 2016, the applicant shall provide the building official with written documentation of the name of the individual or entity that supplied the concrete and the name of the individual or entity that installed the concrete.**

Name of the individual or entity that supplied the concrete _____

Name of the individual or entity that installed the concrete. _____

***** **For this permit application you must see** *****

HEALTH ZONING WETLANDS SEWER PUBLIC WORKS FIREMARSHAL
(2nd floor) (Basement) (Basement) (123 West Street) (Young field rd.) (2nd floor)

VALUATION OF WORK \$ _____ FEE _____

STATE OF CONNECTICUT
WORKERS' COMPENSATION WAIVER

.....
AFFIDAVIT

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the property on this application in accordance with the Workers' Compensation Act (Chapter 568)

I understand that pursuant to 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he/she files his intent to accept coverage.

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, 20____.

_____ (notary public/ Commissioner of the Superior Court)

NEW STRUCTURE BUILDING PERMIT APPLICATION

(PHASE 2: BUILDING PERMIT)

IS STRUCTURE WITHIN THE 100 YEAR FLOOD PLAIN: YES NO

*******BUILDING INFORMATION*******

MIXED USE: YES NO SEPERATED NONSEPARATED

HEIGHT OF BUILDING: STORIES _____ FEET _____ TOTAL SQ.FT. OF BUILDING _____

LIST BELOW THE GROSS SQUARE FOOTAGE OF EACH STORY, ABOVE AND BELOW GRADE:
STORY 1: AREA IN SQ. FT. _____ STORY 2: AREA IN SQ.FT. _____ STORY 3: AREA IN
SQ.FT. _____
USE GROUP _____ CONSTRUCTION TYPE _____

HOUSE DIMENSIONS:

MAIN FLOOR: SQ. FT. ()
SECOND FLOOR: SQ. FT. ()
OTHER FLOORS: SQ. FT. ()
ATTACHED GARAGE SQ. FT. ()
DE-TACHED GARAGE SQ. FT. ()
TOTAL HOUSE SQ. FT. ()

FOUNDATIONS:

FOUNDATION - - - - - SQ. FT. ()
GARAGE UNDER - - - - - SQ. FT. ()
8.) REAR DECK: SIZE: _____
9.) FRONT PORCH: SIZE: _____
BEDROOMS: _____
BATHS: _____
FIRE PLACES: _____

FINISHED BASEMENT: YES NO

	LICENSE #	SIGNATURE
ELECTRICAL CONTRACTOR		
PLUMBING CONTRACTOR		
HVAC CONTRACTOR		