Applicant to complete numbered spaces only.

APPLICATION NO. _____

1. REGISTRATION NO. _____

APPLICATION FOR BUILDING PERMIT

TOWN OF WINDHAM
CONNECTICUT

2. LOCATION OF JOB (NO. & STREET)	MAP	BLOCK	LOT

3. OWNER	**4. TEL.**	**5. ADDRESS** (NO., STREET, TOWN, STATE, ZIP)
6. APPLICANT	**7. TEL.**	**8. ADDRESS** (NO., STREET, TOWN, STATE, ZIP)
9. CONTRACTOR	**10. TEL.**	**11. ADDRESS** (NO., STREET, TOWN, STATE, ZIP)

12. DESCRIPTION OF PROPOSED WORK:

ALL PERMITS MUST BE POSTED AND VISIBLE FROM THE STREET

Special Approvals	Required	Received	Not Required
ZONING			
HEALTH DEPT.			
FIRE MARSHAL			
ENGINEER			
SEWER			
WATER			
OTHER (Specify)			

Special Conditions or Comments by Building Official

15. PERMIT FEE

_____

FEE COVERS:

- ☐ CONSTRUCTION
- ☐ PLUMBING
- ☐ HEATING
- ☐ ELECTRICAL
- ☐ FIRE SPRINKLERS
- ☐ _____
- ☐ _____

16. VALUATION OF WORK:
(Labor and materials)

$ _____

COST OF PERMIT

FEE (ITEM 16.)	_____
ZONING	_____
CO/CC	_____
SURCHARGE	_____
LATE FILING	_____
TOTAL FEE	_____

IT IS A RECOMMENDED SOUND BUSINESS PRACTICE TO REQUIRE THAT ALL WORK PASS FINAL INSPECTION BEFORE PAYING THE CONTRACTOR IN FULL.

THIS APPLICATION IS NOT A VALID PERMIT AND WORK SHALL NOT BEGIN UNTIL IT IS SIGNED & DATED BY THE PROPER TOWN OFFICIAL.

17. All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to state regulations. This permit shall lapse if work does not commence within 6 months.

_____ **Date**

_____ **Applicants Signature**

☐ APPROVED ☐ DISAPPROVED

_____ Date

_____ Building Official