

Town of Chester Building Permit Application

Date _____
Permit # ___ - _____

Location of Building	Address * _____ _____ <small>(Number) (Street)</small>	
	Subdivision _____ Lot _____ Lot Size _____ <small>(If Applicable)</small>	
	For Office Use: Map # _____ Lot # _____ <i>*Site Identification Number Required to be Installed</i>	

Applicant	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph () _____	Fax () _____	
Email: _____			

Owner	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph () _____	Fax () _____	
Email: _____			

Contractor Information				
Business Name _____			Address _____	
City _____	State _____	Zip _____	Telephone: () () _____	
Builders License Number _____			Expiration Date: _____	
<i>You must attach a copy of current "Contractor's License" and current "Proof of Workman's Comp. Insurance".</i>				
Email: _____				

Type of Improvement (If new construction, fill in sections A – H) <u>Circle Applicable Use Class</u>					
<i>NEW CONSTRUCTION</i>	<i>NEW GARAGE</i>	<i>FOUNDATION ONLY</i>	<i>DEMOLITION</i>	<i>POOL</i>	<i>OTHER</i>
<i>NEW SHED</i>	<i>NEW DECK</i>	<i>NEW BARN</i>	<i>ALTERATION</i>	<i>REPAIR</i>	
BRIEFLY DESCRIBE PROJECT & INTENDED OCCUPANCY-					

A. Proposed Use of Building (Residential)					
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> TWO OR MORE FAMILY	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> BARN	<input type="checkbox"/> OTHER (explain) _____

B. Proposed Use of Building (Non-Residential)
<input type="checkbox"/> PLEASE EXPLAIN _____

C. Principal Type of Framing					
<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> MASONRY	<input type="checkbox"/> STRUCTURAL STEEL	<input type="checkbox"/> REINFORCED CONCRETE	<input type="checkbox"/> OTHER _____	

D. Principal Type of Heating					
<input type="checkbox"/> OIL	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> COAL	<input type="checkbox"/> WOOD	<input type="checkbox"/> OTHER _____

E. Principal Type of Sewage Disposal

PUBLIC OR PRIVATE COMPANY SEPTIC SYSTEM

F. Principal Type of Water Supply

PUBLIC OR PRIVATE COMPANY PRIVATE WELL OR CISTERN

G. Type of Mechanical

WILL THERE BE CENTAL AIR CONDITIONING? YES NO WILL THERE BE FIRESUPPRESSION? YES NO

H. Dimensions / Data

NUMBER OF STORIES	SQUARE FOOTAGE:	EXISTING	ALTERATIONS	NEW
_____	BASEMENT:	_____	_____	_____
	1ST FLOOR:	_____	_____	_____
	2ND FLOOR:	_____	_____	_____
	OTHER:	_____	_____	_____
	TOTAL SQ FOOTAGE:	_____	_____	_____

Checklist for Submittals:

Please be sure all items below are included when submitting a building permit.

For project <i>without</i> footprint change.	For project <i>with</i> footprint change.
<input type="checkbox"/> Signed building permit application. <input type="checkbox"/> 2 Sets of building plans. <input type="checkbox"/> 1 Site plan. <input type="checkbox"/> Contractor License & Insurance. (copies) <input type="checkbox"/> Workers' Compensation Statement. (If no contractor is involved)	<input type="checkbox"/> Signed building permit application. <input type="checkbox"/> 2 Sets of building plans. <input type="checkbox"/> 2 Sets of Site plans. <input checked="" type="checkbox"/> Inland/Wetland Application <input type="checkbox"/> Zoning Application & appropriate maps & site plans. <input type="checkbox"/> Contractor License & Insurance. (copies)

Workers Compensation Statement. (If no contractor is involved)
 Health District Approval.
 Site Address Identification Prominently Posted

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF CONNECTICUT. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant *X* _____ Date _____

JOB COSTS	
Cost of Improvement	\$ _____
Electrical	\$ _____
Plumbing	\$ _____
Heating, Air Conditioning	\$ _____
Other (elevator, etc.)	\$ _____
TOTAL COST	\$ _____

FEES	
<i>First \$1000.00 x \$15.00</i>	\$ 15.00
<i>Each Additional \$1,000.00 x \$10.00</i>	\$ _____
<i>Educational Fee Per \$1,000.00 x \$00.26</i>	\$ _____
Total Building Fees	\$ _____
Additional fees may apply if this application requires Zoning approval (Zoning approval or Health Dept.) is required when said project alters the original footprint of the property)	

PAYMENT

Total Paid _____
 Date _____

Building _____
 Zoning _____
 State _____

Check # _____
 Cash _____

The Code Official conducts inspections on Monday thru Thursday mornings **ONLY, please plan accordingly.**

The Submitted plans & documents have been reviewed and are considered to be in substantial compliance with the State of Connecticut Family of Codes, which have been made part of this Permit, and any notes or comments shall take precedence over the printed matter. The Applicant has already or will install an approved Site Address Identification Number in accordance with Section R319, Ct IRC.

Signature of Code Official: _____ DATE: _____

Ron Rose: