

# Town of Chester Building Permit Application

Date \_\_\_\_\_  
Permit # \_\_\_ - \_\_\_\_\_

<b>Location of Building</b>	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>

<b>Applicant</b>	Name		
	Mailing Address		
	City	State	Zip
	Day Ph ( )	Fax ( )	
Email: _____			

<b>Owner</b>	Name		
	Mailing Address		
	City	State	Zip
	Day Ph ( )	Fax ( )	
Email: _____			

<b>Contractor Information</b>					
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: _____					

<b>Type of Improvement (If new construction, fill in sections A – H)      <u>Circle Applicable Use Class</u></b>					
<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>	
<b>BRIEFLY DESCRIBE PROJECT &amp; INTENDED OCCUPANCY-</b>					

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

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

<b>D. Principal Type of Heating</b>
<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	
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> SEPTIC SYSTEM

F. Principal Type of Water Supply	
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> PRIVATE WELL OR CISTERN

G. Type of Mechanical					
WILL THERE BE CENTAL AIR CONDITIONING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WILL THERE BE FIRESUPPRESSION?	<input type="checkbox"/> YES	<input type="checkbox"/> 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)	<input type="checkbox"/> Workers Compensation Statement. (If no contractor is involved) <input type="checkbox"/> Health District Approval. <input type="checkbox"/> 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 <i>X</i>	Date
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JOB COSTS	
Cost of Improvement	\$ _____
Electrical	\$ _____
Plumbing	\$ _____
Heating, Air Conditioning	\$ _____
Other (elevator, etc.)	\$ _____
<b>TOTAL COST</b>	<b>\$ _____</b>

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>	\$ _____
<b>Total Building Fees</b>	<b>\$ _____</b>
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 Tuesdays, Thursdays & Friday (AM) 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: Richard E. Leighton:	DATE:
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