

**BUILDING PERMIT APPLICATION/BUILDING PERMIT- TOWN OF CROMWELL**11/2017  
04/2018**41 West Street, Cromwell CT 06416 – Tel. (860) 632-3428****(Please Print or Type all Entries) Fax- (860) 632-3477****DATE:** \_\_\_\_\_Estimated Cost of Construction..... \$ \_\_\_\_\_  
(Including Value of Labor & Material)

Building Fee..... \$ \_\_\_\_\_

Plan Review Fee..... \$ \_\_\_\_\_

C.O. Fee..... \$ \_\_\_\_\_

State Education Fund Fee..... \$ \_\_\_\_\_

TOTAL..... \$ \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**FEE INCLUDES MECHANICALS:      Y      N****APPLICANT PLEASE NOTE: Call 24 hours in advance for inspections and for final inspection before use.**

Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email: \_\_\_\_\_

**PURPOSE OF PERMIT:** \_\_\_\_\_**LICENSE NUMBERS:**

Elec. Contractor License \_\_\_\_\_

Home Improvement Reg. No. \_\_\_\_\_

Plumbing Contractor License \_\_\_\_\_

New Home Const. Cont. No. \_\_\_\_\_

H.V.A.C. Contractor License \_\_\_\_\_

Swimming Pool Builder No. \_\_\_\_\_

**IRRIGATION:** ☐ Waiver Received      ☐ Not Required - Reason: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**CERTIFICATION:** 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, and we agree to conform to applicable laws, regulations and ordinances. We further understand that it is our responsibility to request all required inspections, to ascertain the results of all required inspections and to call for a final inspection prior to use. All information contained within is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Building Official: \_\_\_\_\_

Print name: \_\_\_\_\_

Date Approved: \_\_\_\_\_