

BUILDING PERMIT APPLICATION/BUILDING PERMIT- TOWN OF CROMWELL

07/2017
11/2017

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. _____

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: _____