

BUILDING PERMIT APPLICATION
TOWN OF CROMWELL
41 West Street, Cromwell CT 06416
Tel. (860) 632-3428, Fax- (860) 632-3477

04/2018
10/29/19

DATE: _____

Estimated Cost of Construction.....	\$ _____	Job Site Address: _____
(Including Value of Labor & Material)		
Building Fee.....	\$ _____	Owner's Name: _____
Plan Review Fee.....	\$ _____	
C.O. Fee.....	\$ _____	Address: _____
State Education Fund Fee.....	\$ _____	
TOTAL.....	\$ _____	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.
Inspection times are between the hours of: 9:30 A.M. – 12:00 P.M. and 1:00 P.M. – 3:00 P.M.

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: _____