

**APPLICATION FOR BUILDING PERMIT
17 SCHOOL RD., ANDOVER, CONNECTICUT 06232
PHONE (860) 742-4036 FAX (860) 742-4040**

1. _____ (Please Print or Type All Entries)

Date

2. _____ 3. _____
Property Location Street Address Lot #

4. _____
Owner's Name (As it appears in the Land Records)

5. _____
Street Address Town State Zip Code

6. _____
Home Phone # Work Phone # Fax # Mobile Phone #

7. _____
Applicant's Name

8. _____
Street Address Town State Zip Code

9. _____
Home Phone # Work Phone # Fax # Mobile Phone #

10. Describe work to be done: _____

11. Permit Type: a) _____ Building Permit * Estimated Cost _____
Check b) _____ Electrical Permit * Estimated Cost _____ 1.
All that _____ International Residential Code** OR National Electric Code _____
Apply c) _____ Mechanical Permit * Estimated Cost _____ 1.
d) _____ Plumbing Permit * Estimated Cost _____ 1.
e) _____ Other _____ * Estimated Cost _____ 1.
* Total _____

** Indicate choice of code reference (eff. 9/2004)
* This is fair market value. 1. Only needed for individual trade permit.

12. Project Type: a) _____ New Construction e) _____ Demolition
b) _____ Addition f) _____ Relocation
c) _____ Alteration g) _____ Change of Use
d) _____ Repair/Replacement

Is Structure within the 100 year flood plain ____ Yes ____ No

13. Building Info:
Height of building: Stories: _____ Feet: _____ Total Sq. Ft. of Building: _____

List below the gross square footage of each story, above and below grade:

<u>Story</u>	<u>Area in Sq. Ft.</u>	<u>Story</u>	<u>Area in Sq. Ft.</u>	<u>Story</u>	<u>Area in Sq. Ft.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

14. Documents Submitted/Attached:

Zoning _____ Building Plans _____ Site Plans _____ Other _____

Please Check One:

- ___ Homeowner or Sole Proprietor with no employees, doing all work themselves (exempt)
- ___ General Contractor with no employees. (insurance or affidavit required)
- ___ Corporation or partnership with no employees. (insurance or workers comp commission affidavit)
- ___ Other (proof of workers comp. Insurance)

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 all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Print Name in Ink

Date

Signature of Owner/Authorized Agent *
* If New Home Builder attach copy of license.

ID Verified By:

Zoning Permit Application

Applicant _____ Address _____

Town Reference: Map _____ Block _____ Lot _____ Zone _____

Size of Lot _____ x _____ Ft. Lot Area _____

Permit For _____

Use of Activity _____

Setbacks-Front _____ Ft. Rear _____ Ft. Sides(L) _____ Sides(R) _____

All applications for zoning permits shall be accompanied by a plan showing actual dimensions of the lots to be built upon, the size of the structure to be erected, the location of the structure upon the lot, the dimensions of all open spaces and such other information as may be necessary to provide for the enforcement of the Town Zoning Regulations. I certify that the above information is correct to the best of my knowledge and belief.

Applicant's Signature

I hereby certify that the above specifications comply with the Zoning Regulations for the Town of Andover, Connecticut and acknowledge the receipt of \$ _____ permit fee.

Date Issued

Agent for Zoning Commission