

APPLICATION# _____

PERMIT# _____

Unique ID No. _____
Taxes Paid. Y___ or N___TOWN OF GUILFORD
BUILDING DEPARTMENT
50 BOSTON STREET, GUILFORD, CT 06437
203 453-8029 Phone 203 453-8034 Fax**BUILDING PERMIT APPLICATION**

Date: _____ Total Construction Value Cost (Material and Labor): \$ _____

Permit Fee: \$ _____ State Educ. Fee: \$ _____ Other Fees: \$ _____ Total Permit Fee: \$ _____

Use Group _____ (PICK ONE FROM THE GROUPS LISTED BELOW):

[A - ASSEMBLY (1,2,3,4,5); B - BUSINESS; E - EDUCATION; F - FACTORY (1,2); H - HIGH HAZARD (1,2,3,4,5);
I - INSTITUTIONAL (1,2,3,4); M - MERCANTILE; R - RESIDENTIAL (1,2,3,4); S - STORAGE (1,2); U - UTILITY]

The undersigned hereby applies for a permit to perform the following described work. All applicable provisions of code shall be complied with whether specified herein or not. The applicant affirms that all work connected with this project is fully described in the application and the accompanying supporting documents.

Job Address: _____ Assessor's Map No. _____ Assessor's Lot No. _____
If Subdivision: Name: _____ Lot No. _____ Unique ID No. _____Property Owner Name: _____ Mailing Address: _____
Telephone # () _____ Email Address: _____

Contractor's Name: _____ Mailing Address: _____

Business Name: _____
Telephone # () _____ Email Address: _____State Department of Consumer Protection Registration # _____, Expires _____ [Provide Copy](#)Workers' Compensation Coverage form: 7A _____, 7B _____, 7C _____ [Provide Copy](#)Signed Job Contract _____, or Authorization Letter from property owner _____ [Provide Copy](#)Architect's Name: _____ Engineer's Name: _____
Architect's Address: _____ Engineer's Address: _____
Telephone # () _____ Telephone # () _____

PLEASE CHECK ONE: New Building _____ Existing Building _____ Addition _____ Accessory _____ Emergency Repair _____

Application is being made to: Erect _____ Construct _____ Alter _____ Remodel _____ Repair _____ Fit-Out _____ Other _____

Area of work in Square Feet, _____ One _____ or Two Family _____ Dwelling-Number of Bedrooms _____ Commercial _____

Description of work to be done:

Applicant's Address: _____ Telephone # () _____

Title _____
** Applicant's Signature (Owner, Contractor or Design Professional)****PLEASE NOTE THE FOLLOWING:** If this application is made by a person other than the owner in fee, it shall be accompanied by an affidavit of the owner or a signed statement of the applicant witnessed by the building official or such official's designee to the effect that the proposed work is authorized by the owner in fee and that the applicant is authorized to make such application. If the authorized agent is a contractor, the provisions of section 20-338b of the Connecticut General Statutes shall be followed. The full names and addresses of the owner, agent and the responsible officer, if the owner or agent is a corporation body, shall be stated in the application.**PROPERTY OWNER IS RESPONSIBLE TO SCHEDULE A FINAL INSPECTION****NO CONSTRUCTION SHALL START UNTIL BUILDING APPLICATION IS APPROVED AND ISSUED****OTHERWISE A \$250.00 AFTER THE FACT FINE WILL BE ISSUED**