

# TOWN OF BETHANY

## Building Permit

(FOUNDATION)

Permit #: \_\_\_\_\_

Job Location: \_\_\_\_\_ Assessor's Map: \_\_\_\_\_ Lot number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Note: Owner authorization required if applicant is not the owner of the property.**

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

### **Description of Work:**

**INSTALL FOUNDATION FOR FUTURE** \_\_\_\_\_

Structure Dimensions: \_\_\_\_\_ Feet Deep \_\_\_\_\_ Feet Long \_\_\_\_\_ Maximum Height

Applicant's Estimated Value: \_\_\_\_\_ Footing and Foundation: \$ \_\_\_\_\_

Building Official's Estimated Value: \_\_\_\_\_ Footing and Foundation: \$ \_\_\_\_\_

**By signing below I certify that the project will conform to all applicable laws, regulations and ordinances of the State of Connecticut and the Town of Bethany and that all information stated within is true and accurate. Falsification of information contained within may result in the revocation of this permit.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner Applicant

Remarks: \_\_\_\_\_  
\_\_\_\_\_

**APPROVED / DENIED** By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

*Permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.*

**APPROVED BUILDING PLANS MUST BE AVAILABLE ON THE JOB SITE AT ALL TIMES.**

**THIS SECTION FOR OFFICE USE ONLY**

<u>What's Required?</u>	<u>No</u>	<u>Yes</u>	<u>Rec'd</u>
Owner Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Process form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Registration or Contractor's License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 sets of Foundation Plans – dated: _____ (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delinquent taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fees:**

Date Received: \_\_\_\_\_

Amount: \_\_\_\_\_

Received By: \_\_\_\_\_

Remarks: \_\_\_\_\_

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

Date submitted to Bldg Dept: \_\_\_\_\_

Bldg Foundation Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_