

TOWN OF BETHANY

Building Permit

(New Home, Additions, Interior Renovations, Decks, Sheds
& Other Structures)

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 (include dimensions): _____

Superstructure Dimensions: _____ Feet Deep _____ Feet Long _____ Feet High

Air Conditioning: _____ # of Bedrooms: _____ Living Area: _____ sq. ft.

Foundation Type: _____ Use Group: _____ Construction Type: _____

Superstructure Height: Front: _____ Rear: _____ Left: _____ Right: _____

Applicant's Estimated Value:

Footing/Foundation: \$ _____ Superstructure: \$ _____ Total Cost: _____
(exclude mechanicals)

Building Official's Estimated Value:

Footing/Foundation: \$ _____ Superstructure: \$ _____ Total Cost: _____
(exclude mechanicals)

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

Flood Plain: A/100: _____ AE/100: _____ X500: _____ NONE _____

Remarks: _____

APPROVED / DENIED By: _____ Date: _____

Reason for Denial: _____

NOTICE:

- All mechanicals require separate permits and appropriate fees.
- Certificates of Use and Occupancy are required prior to occupancy of a building.

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.

Zoning Enforcement Officer:

Date: _____ Plan Date: _____ Signature: _____

Fire Marshal:

(Required for Commercial Permits Only)

Date: _____ Plan Date: _____ Signature: _____

QVHD:

(Required only if no Zoning Permit Needed)

Date: _____ Plan Date: _____ Signature: _____

THIS SECTION IS 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 Building Plans – dated: _____ (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delinquent taxes	<input type="checkbox"/>	<input type="checkbox"/>	
Building Certificate of Occupancy	<input type="checkbox"/>	<input type="checkbox"/>	

Fees:

Date Received: _____

Amount: _____

Received By: _____

Reviewed by: _____

Date submitted to Bldg Dept: _____

Bldg Permit #: _____

Date issued: _____