

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: _____