

**TOWN OF MONROE, CONNECTICUT
APPLICATION FOR BUILDING PERMIT
Permit # _____**

COMPLETE ALL ITEMS - ALL INFORMATION PROVIDED ON THIS FORM MUST BE CLEARLY PRINTED IN INK OR TYPEWRITTEN

PART 1- GENERAL INFORMATION

STREET NO. _____ STREET NAME _____ DATE _____
 UNIT/SUITE/BLDG. NO. _____ MAP/LOT _____ // _____ ZONING DISTRICT _____
(FROM FIELD CARD)
 OWNER'S NAME (printed) _____ HOME PHONE _____
 ADDRESS _____
STREET CITY STATE ZIP
 DAY PHONE _____ FAX / MOBILE / PAGER _____

If different from Owner:

APPLICANT'S NAME (printed) _____ HOME PHONE _____
 ADDRESS _____
STREET CITY STATE ZIP
 CONSTRUCTION PHONE _____ EMAIL _____

ACKNOWLEDGMENT:

I hereby certify that I have read and examined this application and that all information provided is true and correct. I further certify that I have read and fully understand the "GENERAL REQUIREMENTS, INSTRUCTIONS & INFORMATION" provided with this application and agree to comply with them. I agree that all provisions of laws and ordinances governing the work proposed will be complied with whether specified herein or not. I understand that the granting of the permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

I agree to abide by the code and agree to call for inspections.
 The proposed work is by the owner of record and/or I have been authorized to make this application as an authorized agent and 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.

APPLICANT'S SIGNATURE _____ PRINT NAME _____
 OWNER'S SIGNATURE (if not applicant) _____ PRINT NAME _____

SCOPE OF WORK DESCRIPTION

Provide a detailed statement describing the work to be covered under this permit.

APPLICANT'S ESTIMATED VALUE OF WORK \$ _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

RECORD OF REVIEWS AND APPROVALS

TAXES FOR THE ABOVE PREMISES ARE CURRENT AS OF THE DATE OF THIS APPLICATION _____ DATE _____
Tax Collector

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| REVIEW REQUIRED | DEPARTMENT | RECEIVED DATE | APPROVED DATE | SIGNATURE |
|--------------------------|----------------------|---------------|---------------|-----------|
| <input type="checkbox"/> | PLANNING / ZONING | | | |
| <input type="checkbox"/> | ZONING BD OF APPEALS | | | |
| <input type="checkbox"/> | INLAND WETLANDS | | | |
| <input type="checkbox"/> | SANITARIAN (HEALTH) | | | |
| <input type="checkbox"/> | PUBLIC WORKS | | | |
| <input type="checkbox"/> | FIRE MARSHAL | | | |
| <input type="checkbox"/> | HISTORIC DISTRICT | | | |
| <input type="checkbox"/> | FINANCE / BOND | | | |

Planning / Zoning Bond _____ Inland Wetland Bond _____

FINAL BUILDING PERMIT APPROVAL ISSUED

BUILDING OFFICIAL _____ DATE _____

PAYMENT RECORD: PERMIT FEE: \$ _____ STATE FEE: \$ _____ TOTAL FEE: \$ _____

DATE RECEIVED: _____ CHECK #: _____ RECEIPT #: _____

CASH CHECK M.O.

PART 3 – NEW STRUCTURE INFORMATION

Total Square Feet: _____ Const. _____ Use Group: _____

FOUNDATION: Basement: Yes No Walls: Poured Concrete Blocks Other (specify): _____

Mason's Name: _____ Address _____ Phone _____

STRUCTURE: Frame Brick Stone Concrete Block Other (specify): _____

Carpenter's Name: _____ Address _____ Phone _____

PLUMBING: **** Plumbing work must conform to the Plumbing Code ****

Connect to City Water Other water supply _____

Plumber's Name: _____ Address _____ Phone _____

HEATING: Heat by: Coal Oil LP Gas Hot Air Hot Water Steam

Heating Contractor: _____ Address _____ Phone _____

ELECTRICAL WORK: **** Electrical work must conform to the National Electrical Code ****

Electrician's Name: _____ Address _____ Phone _____

SEPTIC SYSTEM: **** Septic System must conform to the Connecticut Public Health Code ****

Septic System Installer: _____ Address _____ Phone _____

NEW Home Registration No.: _____

PART 4 – EXISTING STRUCTURE INFORMATION

Is there a building on this lot now? Yes No If yes, how occupied? _____

IS ANY PORTION OF THE PROPERTY OR WORK PROPOSED IN A HISTORIC DISTRICT? YES NO

NOTE: If yes, provide a copy of the Historic District Commission approval.

Use Group _____ Type of Construction _____

Size of Existing Structure _____ Existing Number of Floors _____ Existing Total Floor Area _____ sq. ft.

Size of Addition: _____ Addition Number of Floors: _____ Existing and Addition **NEW** Total Area: _____ sq. ft.

Number of existing Bathrooms: Full _____ 1/2 _____ Number of Proposed Bathrooms: Full _____ 1/2 _____ Total Bathrooms: Full _____ 1/2 _____

Architect's Name: _____ Address _____ Phone _____

General Contractor: _____ Address _____ Phone _____

Home Improvement Registration No.: _____

PART 5 – CALL BEFORE YOU DIG

The applicant must call 1-800-922-4455 to identify the location of all underground utilities. As a result of this call, the applicant will be assigned an identification number - referred to as a BUD ID. Provide that number on the line below.

BUD ID: _____

PART 6 – DEMOLITION & CONSTRUCTION DEBRIS AND REFUSE

Description of Material _____

Location of Disposal Site _____

PART 7 – STRUCTURAL DATA REQUIRED

FOUNDATION: Kind of Materials _____ Thickness _____
Size of Footings _____ Depth Below Grade _____
Kind of Columns in Cellar _____ Size _____ Spacing _____

MASONRY SIDE WALLS: Size _____ Thickness _____ Height _____

FRAME: Size of Girder _____ - posts, Size _____ Spacing on Centers _____
Size of Floor Joists _____ Spacing on Centers _____ Longest Span _____
Size of Ceiling Joists _____ Spacing on Centers _____ Longest Span _____
Size of Roof Rafter _____ Spacing on Centers _____ Longest Span _____
Size of Valley & Hip _____ Longest Span _____
Type of Sheathing on Floor _____ Insulation in Wall _____ Insulation in Ceiling _____
Size of Studs in Bearing Walls _____ Spacing on Centers _____ Height _____
Type of Sheathing on Walls _____ Weatherproofing on Exterior Walls _____
Type of Sheathing on Roof _____ Weatherproofing of Roof _____

HEATING: Kind of Chimney _____ Size of Flue _____ Kind of Lining _____

Will there be a fireplace? Yes No Name of Mason _____ Phone _____

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PART 8 - ESTIMATE OF VALUE OF WORK – FEE COMPUTATION

BUILDING PERMIT FEES: Up to \$1,000..... \$30
\$10.00 for each \$1,000 of fraction thereof

PLUMBING, HEATING & ELECTRICAL PERMIT FEES: \$5.00 per \$100 up to \$1,000
\$10.00 for each additional \$1,000 or fraction thereof

OCCUPANCY PERMIT FEE:

NEW BUILDINGS:..... 20 cents per square foot STATE SURCHARGE .30 cents per \$1,000

ADDITIONS & RENOVATIONS:..... \$25.00

REINSPECTION FEE:..... \$25.00

NEW BUILDINGS:..... 20 cents per square foot STATE SURCHARGE .30 cents per \$1,000

DEMOLITION PERMIT FEE:..... \$250 OR (1%) Assessed value, whichever is greater

BUILDING OFFICIALS ESTIMATED VALUE: \$ _____ PERMIT FEE: \$ _____ ZONING FEES: \$ _____
C.O. FEE: \$ _____ STATE SURCHARGE: \$60.00
DRIVEWAY PERMIT: \$ _____
ESCROW: \$ _____ OTHER: \$ _____
STATE SURCHARGE \$ _____ \$ _____
TOTAL: \$ _____ \$ _____