

Fees - \$18.00 per \$1,000.00 Minimum fee \$50.00

PERMIT NO. _____

APPLICATION FOR BUILDING PERMIT

**TOWN OF HAMPTON
CONNECTICUT**

(Application must be typed or printed)

LOCATION OF JOB (NO. & STREET)		CARD NO.	MAP	BLOCK	LOT
OWNER	TEL.	ADDRESS (NO., STREET, TOWN, STATE, ZIP)			
APPLICANT	TEL.	ADDRESS (NO., STREET, TOWN, STATE, ZIP)			
BUILDER	TEL.	ADDRESS (NO., STREET, TOWN, STATE, ZIP)			
LICENSE #	NAME & TEL. # OF PERSON RESPONSIBLE				

All Permits Must Be Posted And Visible From The Street

SIZE OF BUILDING STORIES _____ NO. OF FAMILIES _____ HEIGHT _____ DEPTH _____ FRONT _____ TOTAL FLOOR AREA (NEW) _____ SQ. FT.		DISTANCES FROM LOT LINE (Circle Front Lot Line) EAST _____ WEST _____ NORTH _____ SOUTH _____				OTHER REQUIREMENTS ZONING PERMIT _____ REQ'D. _____ ATTACHED _____ PILOT PLAN _____ REQ'D. _____ ATTACHED _____ SEPTIC PERMIT _____ REQ'D. _____ ATTACHED _____																												
TYPE OF WORK BEING DONE <input type="checkbox"/> ORIG. CONSTRUCTION <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION		PROPOSED USE <input type="checkbox"/> NEW HOME (Single Family) _____ <input type="checkbox"/> MULTI FAMILY _____ # OF BEDROOMS _____ WATER SUPPLY _____ <hr/> <input type="checkbox"/> ADDITION _____ <input type="checkbox"/> GARAGE _____ <input type="checkbox"/> DECK/PORCH _____ <input type="checkbox"/> SHED _____ <input type="checkbox"/> POOL _____ <input type="checkbox"/> COMMERCIAL/PUBLIC _____ <input type="checkbox"/> OTHER _____				APPROVALS ZONING _____ FIRE MARSHALL _____ WETLAND _____ ENGINEER _____ SANITATION _____ STREET SUPT. _____																												
CONSTRUCTION VALUE ESTIMATED _____ ACTUAL _____		BUILDING PLANS <u>REQUIRED</u> <u>ATTACHED</u> MATERIALS LIST <u>ON PLANS</u> <u>ATTACHED</u>				FEE COVERS <table border="1"> <thead> <tr> <th></th> <th>VALUE</th> <th>FEE</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> CONSTRUCTION</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> PLUMBING</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> HEATING</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> ELECTRICAL</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> SEPTIC</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> ZONING</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> OTHER</td><td>_____</td><td>_____</td></tr> <tr><td colspan="2">TOTAL</td><td>_____</td></tr> </tbody> </table>			VALUE	FEE	<input type="checkbox"/> CONSTRUCTION	_____	_____	<input type="checkbox"/> PLUMBING	_____	_____	<input type="checkbox"/> HEATING	_____	_____	<input type="checkbox"/> ELECTRICAL	_____	_____	<input type="checkbox"/> SEPTIC	_____	_____	<input type="checkbox"/> ZONING	_____	_____	<input type="checkbox"/> OTHER	_____	_____	TOTAL		_____
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TOTAL		_____																																
TYPE OF HEAT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> SOLAR <input type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> OIL		CHECK # _____ DATE PAID _____																																

DESCRIPTION OF WORK / REMARKS:

All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to state regulations. This permit shall lapse if work does not commence within 6 months.

_____ Date	_____ Owner/Agent Signature	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
_____ Date	_____ Building Official		

Office Copy - White Owner Copy - Yellow Assessor's Copy - Pink