

TOWN OF MONROE, CONNECTICUT

APPLICATION FOR BUILDING 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 _____
 LOT/UNIT/SUITE/BLDG. NO. _____ ASSESSOR'S I.D _____ ZONING DISTRICT _____
 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 _____ FAX, MOBILE, PAGER _____
 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 _____

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

REVIEW REQUIRED	DEPARTMENT	RECEIVED DATE	FORWARDED 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"/>	ENGINEER				
<input type="checkbox"/>	FIRE MARSHAL				
<input type="checkbox"/>	HISTORIC DISTRICT				

FINAL BUILDING PERMIT APPROVAL ISSUED

BUILDING OFFICIAL _____ DATE _____

PAYMENT RECORD AMOUNT _____ DATE _____ RECEIPT # _____

STATE FEE _____ DATE _____ CHECK # _____

TOTAL _____

CASH CHECK M.O.

PERMIT NO.

DETAIL DESCRIPTION OF PLANNED WORK TO BE DONE

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

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.

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 with 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 with The National Electrical Code.*

Electrician's Name _____ Address _____ Phone _____

SEPTIC SYSTEM: *Septic System must conform with The Connecticut Public Health Code.*

Septic System Installer _____ Address _____ Phone _____

NEW Home Registration No. _____

PART 4 - ADDITION TO EXISTING STRUCTURE INFORMATION

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

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.

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.

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 _____

APPLICANT'S ESTIMATED VALUE OF WORK \$ _____

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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 or 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 sq. ft. STATE SURCHARGE .30 cents per \$1,000.
ADDITIONS & RENOVATIONS:	\$25.00
REINSPECTION FEE:	\$25.00
DEMOLITION PERMIT FEE:	\$250.30

BUILDING OFFICIALS ESTIMATED VALUE \$ _____ PERMIT FEE \$ _____

C.O. FEE \$ _____

DRIVEWAY PERMIT _____

ESCROW _____ OTHER \$ _____

ST. SURCHARGE _____ \$ _____

TOTAL \$ _____ \$ _____

JOB ADDRESS: _____

Site and Septic Plan Date: _____

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BUILDING PERMIT APPLICATION REVIEW CHECKLIST

Department Status	General Item	Comments
ENGINEERING		
Return date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Driveway permit _____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	On site Drainage _____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	On site Drainage _____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Off site Drainage _____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Grading _____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	E+S Control _____
Return date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Street Opening _____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Fees and/or Bond _____
Accept /Fw'd date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Plans _____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Other _____
By: _____		_____

BUILDING

Return date:	<input type="checkbox"/> OK <input type="checkbox"/> NO	Structure Plans	See price sheet for more comments _____
_____			_____
Accept /Fw'd date			_____
_____			_____
By: _____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Fees	_____

ZONING

Return date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Site Plan	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	USE	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Off site Drainage	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	E+S Control	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Flood Plan	_____
Return date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Easements	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Special Cond.-P&Z	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Special Cond.-ZBA	_____
Accept /Fw'd date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Plans	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Fees	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Other	_____
By: _____			_____

SANITARIAN

Return date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Sewage Plan	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Sewage Design	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Curtain Drain	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Water Supply	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Pumps	_____
Return date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Special Cond.	_____
_____	<input type="checkbox"/> OK <input type="checkbox"/> NO	Fees	_____
Accept /Fw'd date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Other	_____
_____			_____
By: _____			_____

WETLANDS

Return date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Fees	_____
_____			_____
Accept /Fw'd date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Other	_____
_____			_____
By: _____			_____

FIRE MARSHAL

Return date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Fees	_____
_____			_____
Accept /Fw'd date	<input type="checkbox"/> OK <input type="checkbox"/> NO	Other	_____
_____			_____
By: _____			_____