



Town of Griswold Building Department

APPLICATION FOR BUILDING PERMIT CERTIFICATE OF ZONING COMPLIANCE



This application for permit is made pursuant to the 2015 State of Connecticut IRC Section R105/IBC Section 105/ 2018 Connecticut State Building Code and is to be used for all construction requiring a permit under said code. THIS IS NOT A BUILDING PERMIT. Any permit granted pursuant to this application will be valid for only the type of work noted on this application. Detailed plans and specifications must be submitted for all construction as determined by this office.

1. STREET LOCATION (location of work proposed):

Address: _____

Check One: _____ Residential _____ Commercial

Zoning District: _____

ZBA/IWWCC/PZ Approval # _____

4. TYPE OF WORK

in addition to Type of Construction please check all that apply:

Permits for all checked will be in addition to this one!

Electric _____ Plumbing _____

HVAC _____ Demolition _____

2. OWNER:

Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

3. CONTRACTOR (if owner write "owner")

Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

License #: _____

5. TYPE OF CONSTRUCTION:

**PROVIDE DETAILED PLANS FOR ALL STRUCTURES
(LIST SIZE IN SPACE PROVIDED)**

Barn _____ Deck _____

Shed _____ Covered Porch _____

Pool: Check one (above ___/ inground___) _____

OTHER:

Roof (provide shingle detail) Strip: Y / N _____

Replacement Windows (list # of windows): _____

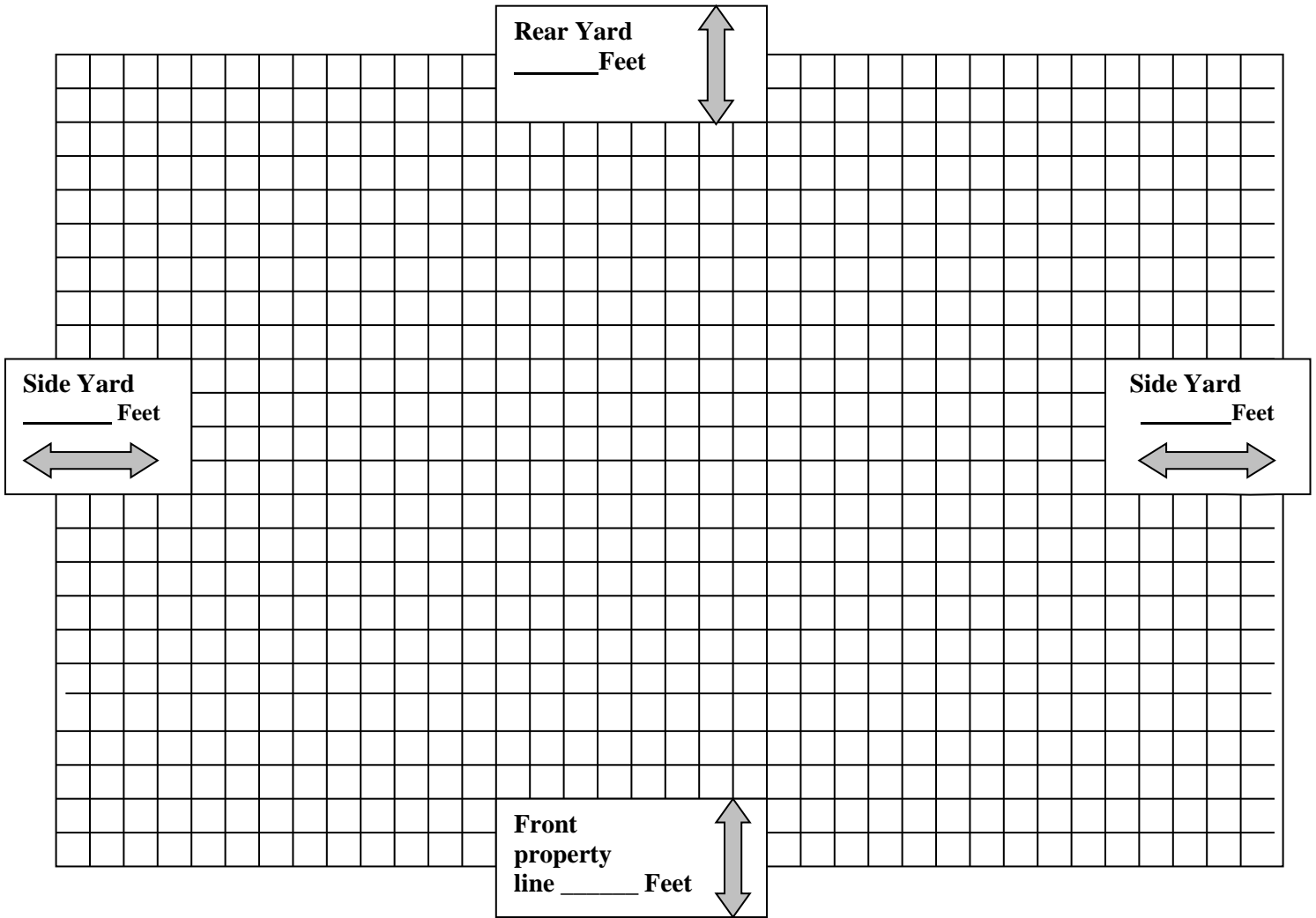
Repair/Renovation/Other (describe): _____

ON BACK SIDE OF THIS APPLICATION PLEASE COMPLETE THE FOLLOWING (IF APPLICABLE)

ON THE GRAPH PROVIDED:

1. Approximate outline of proposed structure with dimensions
2. Distance from proposed structure to property lines; if the lot is irregularly shaped, indicate approximate shape
3. Abutting streets
4. Driveway
5. Curtain drains, if any
6. Any outstanding topographical features such as ledge, outcroppings, ponds, swamps, streams, gullies, steep slopes, large trees etc., include distance to any wetland

TURN PAGE OVER 



Indicate name of road that structure faces _____

I hereby certify that I am the owner or authorized agent of the owner of the property herein described. I will conform to the applicable requirements of the Basic Building Codes and Public Health Code of the State of Connecticut, Ordinances of the Town of Griswold and to any requirements not specifically covered by these Codes and Ordinances but deemed by the Building Official and/or Town Engineer to be essential for structural, fire, or sanitary protection. It is understood that neither the Town of Griswold nor any authorized agent assumes any responsibility for construction or maintenance of any facility built under permit for which this application is made.

I grant permission to the Building Official and Assessor to enter the property to do required inspections. I hereby certify that the proposed work will conform to the Basic Building code and all other Codes as adopted by the State of Connecticut.

I understand that under the 2015 IRC Section 110 / IBC Section 111 A CERTIFICATE OF OCCUPANCY/COMPLIANCE IS REQUIRED FOR ALL PERMITS ISSUED.

Applicants Signature: _____
 (If applying as Agent/Contractor check here) _____

Date of Application: _____

Estimated Cost of Proposed Work: \$ _____

FOR OFFICIAL USE ONLY!!!

Permit#: _____

Building Permit Fee: \$ _____

CT State Fee: \$ _____

Zoning Fee: \$ _____

Certificate/Compliance: \$ 5.00

Fine: \$ _____

Total Fee Due: \$ _____

Date Paid: _____

Check #: _____ Cash: _____

Received By Initials: _____

Town of Griswold

Building Department

28 Main Street

Jewett City, CT 06351

Phone: (860) 376-7060 x2110 Fax (860) 376-3789

www.griswold-ct.org

THIS FORM MUST BE SIGNED OFF BY THE TAX COLLECTORS OFFICE PRIOR TO APPLYING FOR ALL BUILDING PERMITS!

Pursuant to PA 95-320, an act concerning approval of building applications for property on which taxes are due, the Code of the Town of Griswold Chapter 143, Article I, requires:

“a statement in writing from the office of the Tax Collector of the Town of Griswold that there are no delinquent taxes due for the property for which an application is made, or provides a statement in writing from the office of the Tax Collector that the owner of the property for which an application is made has entered into a payment program approved by the Tax Collector to pay off any delinquent taxes which may be due”.

Date: _____

Applicants Name: _____

Property Owners Name: _____

Street Address: _____

BELOW THIS LINE IS FOR OFFICE USE ONLY:

Tax Status :

() *Paid to date*

() *Delinquent* () *Payment program approved*

Tax status verified: _____

Tax Collector

/

Assistant Tax Collector