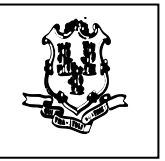




Town of Griswold Building Department

APPLICATION FOR BUILDING PERMIT / CERTIFICATE OF ZONING COMPLIANCE
SINGLE FAMILY, MULTI-FAMILY, COMMERCIAL, INDUSTRIAL STRUCTURES



THIS PERMIT MUST BE COMPLETED IN FULL

This application for permit is made pursuant to Section 107.0 of the Basic Building Code of the State of Connecticut 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 ADDRESS:

Check One: ____ Town ____ Borough ____

Assessors Map/Block/Lot #: _____

Zoning District: _____

If subdivision:

Name of Subdivision: _____

Lot # _____ Section _____

5. USE OF PROPOSED STRUCTURE: (check one and list type)

Single Family Residence (ex:cape,ranch,colonial) _____

Multi-Family Dwelling _____

Commercial _____

Addition _____ Industrial _____

Other (include decks,porches,etc.): _____

2. OWNER:

Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

6. STRUCTURE DIMENSIONS:

(do not include garage)

Overall Length _____

Overall Width _____

Overall Height _____

Number of Stories _____

1st Floor Area _____ sqft

2nd Floor Area _____ sqft

Total Floor Area _____ sqft

Lot Area: _____ sq ft./acres

7. GARAGE:

Dimensions: _____

of Bays: _____

Attached ____ Detached ____

Under house _____

Bonus Room Above Garage:

_____ x _____ (size)

_____ sq ft

3. CONTRACTOR: (copies of license & insurance required)

Name: _____

Mailing Address: _____

Phone: _____ Field Phone: _____

License #: _____

8. STRUCTURAL DETAILS: (please list all types)

Finished Exterior _____ Finished Flooring _____

of Bedrooms _____ # of Bathrooms _____

Fireplace type (if any ex: wood burning/gas) _____

Type of Heat _____ Air Conditioning _____

4. ARCHITECT/ENGINEER: (if any)

Name: _____

Address: _____

Phone: _____ License #: _____

9. TYPE OF WORK:

(permit fees will be valid only for the boxes checked)

_____ Foundation _____ Plumbing

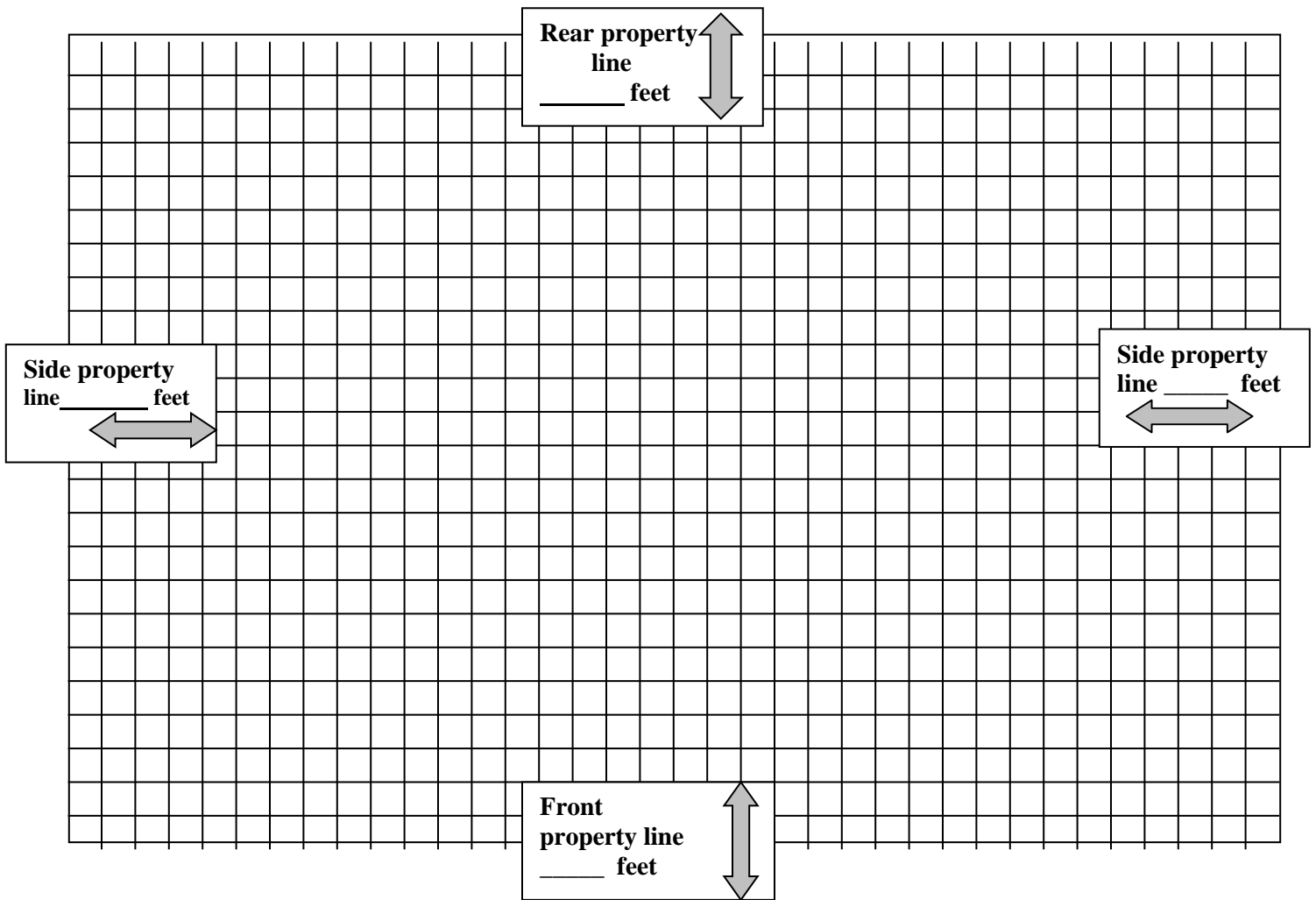
_____ Structural _____ Heating & Ventilation

_____ Electrical

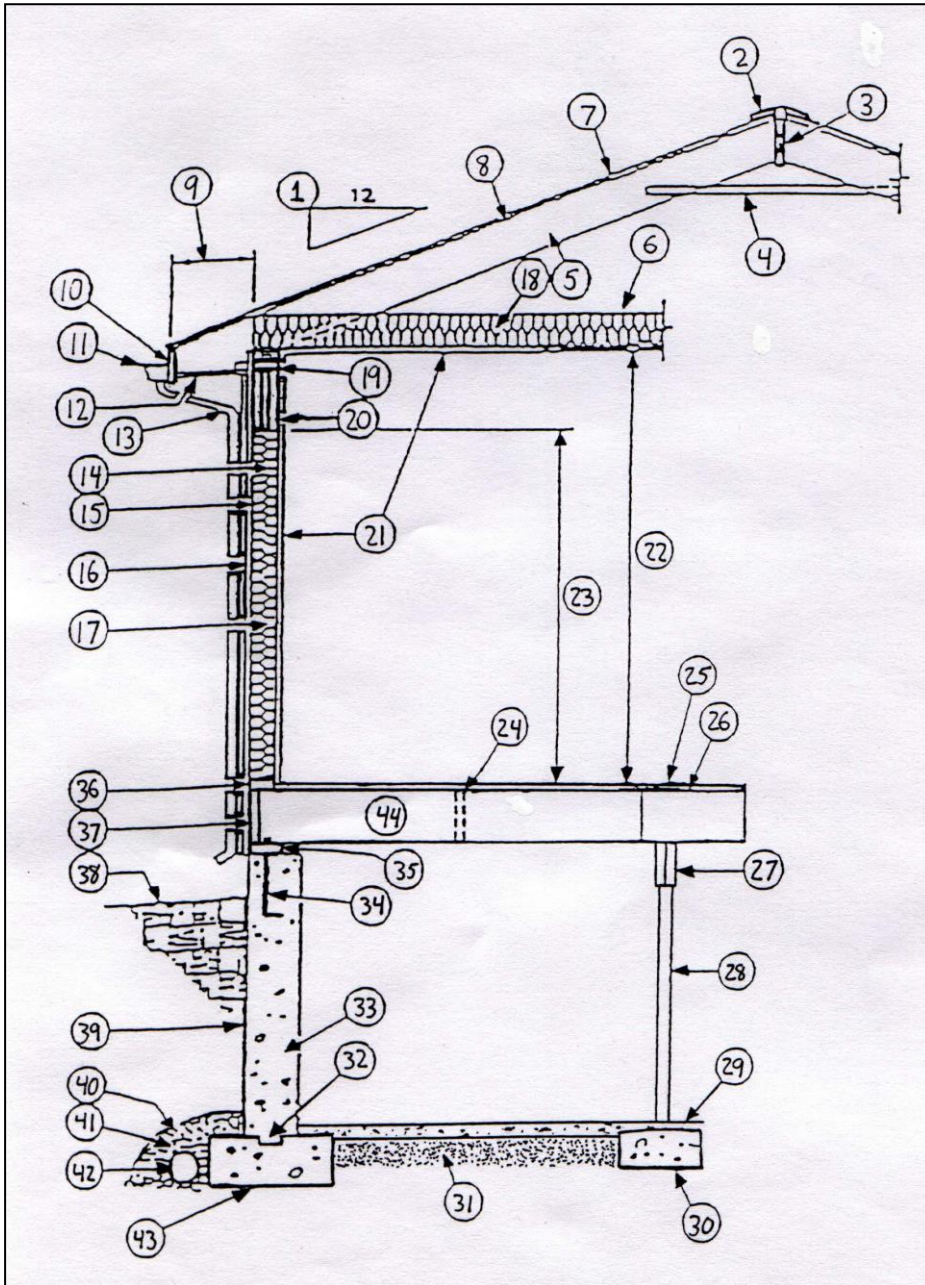
PLEASE COMPLETE THE FOLLOWING ON THE GRAPH PROVIDED:

**** To be done in addition to submission of site plan ****

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. Location of well or water line
5. Driveway
6. Curtain drains, if any
7. Distance from proposed structure to septic system including location of leach field
8. Layout of leaching system
9. Any outstanding topographical features such as ledge, outcroppings, ponds, swamps, streams, gullies, steep slopes, large trees etc.



Indicate name of road structure faces _____



- 1 Pitch Triangle _____
- 2 Ridge Cap / Vent _____
- 3 Ridge Board _____
- 4 Collar Tie _____
- 5 Rafter _____
- 6 Ceiling Joist _____
- 7 Roofing _____
- 8 Sheathing _____
- 9 Overhang or Tail _____
- 10 Facia _____
- 11 Gutter _____
- 12 Soffit / Vent _____
- 13 Leader or Downspout _____
- 14 Stud _____
- 15 Sheathing _____
- 16 Siding _____
- 17 Insulation (Walls) _____
- 18 Insulation (Ceiling) _____
- 19 Plate _____
- 20 Header _____
- 21 Gypsum Board or Plaster _____
- 22 Finish Height _____
- 23 Window & Door Height _____
- 24 Bridging _____
- 25 Finish Floor _____
- 26 Sub Floor _____
- 27 Carrying Beam / _____
- 28 Microlam _____
- 29 Column _____
- 30 Concrete Floor _____
- 31 Column Footing _____
- 32 Gravel Depth _____
- 33 Footing Key _____
- 34 Foundation Wall _____
- 35 Anchor Bolt _____
- 36 Sill _____
- 37 Shoe or Sole _____
- 38 Perimeter Box _____
- 39 Grade _____
- 40 Waterproofing _____
- 41 Building Paper _____
- 42 Crushed Stone _____
- 43 Footing Drain _____
- 44 Footing _____
- 45 Floor Joist _____

Depth of Footing _____

Size of Bedroom Windows _____

Type of Glass _____

Type of Heat _____

Plumbing **Yes** **No**

Electrical **Yes** **No**

Septic tank **Yes** **No**

Well water **Yes** **No**

City water **Yes** **No**

Sewer **Yes** **No**

Ground Fault Interrupter _____

Smoke Detector _____

Hurricane clips _____

Fire stopping _____

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 Code and Public Health Code of the State of Connecticut, the 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 Connecticut Amendment of the Building Code, Section 119.1,

A CERTIFICATE OF OCCUPANCY/COMPLIANCE IS REQUIRED FOR ALL PERMITS ISSUED.

Applicants Signature _____

(If Agent/Contractor check here) _____

Date of Application: _____

Estimated Cost of Proposed Structure: \$ _____

Estimated Cost of Electric: + \$ _____

Estimated Cost of Plumbing: + \$ _____

Estimated Cost of Heating: + \$ _____

TOTAL ESTIMATED COST: = \$ _____

("Estimated Cost" should include foundation, shell/structure, interior finishing, etc. All electric, plumbing and heating costs are to be listed separately however if estimates are not known at this time they may be paid for when application for each is made at a later date – be sure not to include septic, well, excavation, gravel, land, etc.)

BELOW THIS LINE IS FOR OFFICE USE ONLY!

Date Application Received: _____

Date Paid: _____

Building Permit Fee: \$ _____

Permit #: _____

CT Educational Fee: \$ _____

Cash: _____

Zoning Fee: \$ _____

Check #: _____

Certificate of Occupancy Fee: \$ _____

Initial Receipt of Application: _____

Violation Fines: \$ _____

(authorized agents initials)

TOTAL FEE DUE: \$ _____

RES Check: _____

Assessors Card: _____

Contractors License/Insurance: _____

Tax Form: _____

Building Plans: _____

Wetlands/Zoning Approvals: _____

Driveway Bond: _____

Site Plan: _____

Uncas Health Dept Approval: _____

NOTES: _____