

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) <table border="1"> <tr> <td>EAST</td> <td>WEST</td> <td>NORTH</td> <td>SOUTH</td> </tr> </table>		EAST	WEST	NORTH	SOUTH	OTHER REQUIREMENTS ZONING PERMIT _____ REQ'D. _____ ATTACHED _____ PILOT PLAN _____ REQ'D. _____ ATTACHED _____ SEPTIC PERMIT _____ REQ'D. _____ ATTACHED _____																								
EAST	WEST	NORTH	SOUTH																													
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 _____				FEE COVERS <table border="1"> <tr> <th></th> <th>VALUE</th> <th>FEE</th> </tr> <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>TOTAL</td> <td></td> <td></td> </tr> </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		BUILDING PLANS _____ REQUIRED _____ ATTACHED _____ MATERIALS LIST _____ ON PLANS _____ ATTACHED _____		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.

☐ APPROVED ☐ DISAPPROVED

Date

Owner/Agent Signature

Date

Building Official

Office Copy - White

Owner Copy - Yellow

Assessor's Copy - Pink