

TOWN OF GUILFORD

APPLICATION FOR BUILDING PERMIT, FLOOD HAZARD AREA PERMIT & CERTIFICATE OF ZONING COMPLIANCE

(Please print all information) All architectural plans to be reviewed & stamped by the Fire Marshal prior to Building Dept. review

Permit No. _____
(For office use)

1. LOCATION: Street _____

Street No. _____

Assessor's Map No. _____

Assessor's Lot No. _____

If subdivision:

Name: _____

Lot No. _____

ESTIMATED COSTS OF CONSTRUCTION

(Labor & Materials): _____

Permit Fee: _____

Educ. Fee: _____

Other Fees: _____

Total Fee: _____

Use Group: _____

2. OWNER: Name _____

Mailing address: _____

Phone _____ Fax _____

6. ARCHITECT/ ENGINEER: (if any)

Mandatory for buildings over 5000 sq. ft.

Name _____

Address _____

Conn. Registration No. _____

Phone _____ Fax _____

3. NATURE OF WORK:(Check)

*New Construction Alteration

*Addition Other

***Septic system information must be provided**

7. EXISTING ZONING DATA: (NOT PROPOSED WORK)

A. Lot dimensions — show on plot plan

B. Lot area _____ sq. ft.

C. Structure dimensions of existing house:

Overall width _____ ft.

Overall Depth _____ ft.

Overall Height _____ ft.

D. Number of stories _____

E. Floor area _____ sq ft

f. Other; ex. Decks, garages, sheds, pools _____ sq ft

Attach Copy of Assessor's Field Card

4. TYPE OF WORK:
(permit will be valid only for those boxes checked)

Contractor and license No. or Home Improvement Registration No. (No Permit Will Be Issued Without License No.)

Name	License No.
Structural	
Electrical	
Heating & Ventilation	
Plumbing	
(UST) Underground storage tank	
(AST) Above Ground storage tank	
Insulation	
Other	

8. DESCRIPTION OF PROPOSED WORK:

5. CONTRACTOR (in responsible charge):

Name _____

Address _____

Phone _____ Fax _____

**COMPLETED APPLICATION AND CHECK MUST BE SUBMITTED IN PERSON AT THE
BUILDING DEPARTMENT TOWN HALL SOUTH 50 BOSTON STREET**

(OVER)

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction. The proposed project described in this application _____ located within the coastal boundary as defined in Section 4(b) of Public Act 79-535 (The Connecticut Coastal Management Act). It is understood that neither the Town of Guilford nor any authorized agent assumes any responsibility for construction or maintenance of any facility built under the Permit for which this application is made.

NOTE: PLANNING & ZONING REQUIRES A2 SURVEY FOR APPROVAL & ISSUANCE OF A CERTIFICATE OF OCCUPANCY §273-96 D.(1)(a)

CT STATE BUILDING CODE ALLOWS 30 DAY PERIOD FOR PLAN/ PERMIT REVIEW

Signature _____ Agent _____
 _____ Owner _____
 If agent, state title and submit letter permitting you to act as owner's agent

Date signed _____ Make checks payable to the "Town of Guilford" to be submitted at time of application

(Do not write below this line)

<p>PLANNING & ZONING COMMISSION <input type="radio"/></p> <p>Street Number _____</p> <p>Zone _____</p> <p>Permissible Use? _____</p> <p>Approved on _____</p> <p>By _____</p> <p>COMMENTS: _____</p>	<p>FLOOD HAZARD AREA PERMIT <input type="radio"/></p> <p>Flood Zone _____</p> <p>Base Flood Elevation _____</p> <p>Lowest Floor Elevation _____</p> <p>Approved on _____</p> <p style="text-align: center;">Date</p> <p>By _____</p>	<p>BUILDING OFFICIAL</p> <p>Approved on _____</p> <p>By _____</p> <p style="text-align: center;"><i>Building Official</i></p>
<p>INLAND WETLANDS COMMISSION <input type="radio"/></p> <p>Regulated Activity _____</p> <p>Permit Required _____</p> <p>Comments _____</p> <p>_____</p> <p>Date _____</p> <p>By _____</p>	<p>ENGINEERING DEPARTMENT <input type="radio"/></p> <p>Approved on _____</p> <p>By _____</p> <p style="text-align: center;"><i>Town Engineer</i></p>	<p>FIRE MARSHAL:</p> <p>Reviewed on _____</p> <p>By _____</p>
<p><i>Enforcement Officer — Commission — Delegated Official — Environmental Planner</i></p>	<p>DIRECTOR OF HEALTH <input type="radio"/></p> <p>Approved on _____</p> <p>By _____</p> <p style="text-align: center;"><i>Director of Health</i></p>	