

TOWN OF WILLINGTON BUILDING PERMIT

Town of Willington

A PERMIT MUST BE OBTAINED AND FEE PAID BEFORE BEGINNING WORK.

40 Old Farms Rd

Willington, CT 06279

DATE: _____	HOURS: MON. 12:30 PM—7:30 PM TUES—FRI 9:00 AM—2:00 PM	PERMIT #: _____
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ESTIMATED COST* \$ _____ *(Building Inspector may demand affidavit of actual cost)	Fee Paid \$ _____
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MAP # _____	LOT # _____	ZONE _____	WORKER'S COMPENSATION/INSURANCE _____
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LOCATION OF JOB: _____

BUILDING OWNER: _____	TELE(S) _____
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ADDRESS: _____	CITY, STATE & ZIP: _____
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NAME OF APPLICANT: _____	TELE(S) _____
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ADDRESS: _____	CITY, STATE, & ZIP: _____
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NAME OF BUILDER: _____	TELE(S) _____
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ADDRESS: _____	CITY, STATE, & ZIP: _____
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CONTRACTOR'S REGISTRATION #: _____	MODEL ENERGY CODE (if applicable) _____
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PURPOSE OF PERMIT: _____	TYPE OF JOB: <input type="checkbox"/> Original Constr. <input type="checkbox"/> Repair <input type="checkbox"/> Pool AG IG <input type="checkbox"/> Alteration <input type="checkbox"/> Siding <input type="checkbox"/> Demolition <input type="checkbox"/> Addition <input type="checkbox"/> Roofing <input type="checkbox"/> Relocation
TYPE OF BUILDING: Residential _____ Commercial _____ Other _____	

Sq. ft. 1st floor: _____	Sq. ft. 2nd floor: _____	_____chimney	_____wood stove and furnace— 2 flues
Sq. ft. garage: _____	Sq. ft. 2nd floor: _____	_____fireplace	_____2 fireplaces and 1 flue
Sq. ft. deck(s): _____	Sq. ft. porch(s): _____	_____other: _____	

Complete the following or attach complete plans

Member	Size	Material or Species	Longest Span	Center
Girder				
Outside Stud				
Bearing Stud				
1st Floor Joist				
2nd Floor Joist				
Rafter				
Ceiling Joist				

Truss Documents Included _____

DESCRIPTION OF PROPOSED WORK: _____

All work covered by this application has been authorized by the (owner) and/or (agent) of this property and will be done according to the laws and building regulations of the State of Connecticut, Basic Building Code. A final inspection is required before the building can be occupied or a Certificate of Use or Occupancy is issued. Permit expires 180 days after approval.

APPLICANT'S SIGNATURE: _____ DATE: _____

BUILDING DEPARTMENT DECISION

TYPE OF CONSTRUCTION: _____

_____APPROVED _____DENIED

INSPECTOR'S SIGNATURE: _____

DATE: _____