

COMMERCIAL/INDUSTRIAL BUILDING PERMIT APPLICATION

Additions, alterations, change of use or new construction require permits

- a. 3 copies of plans describing the work to be performed with dimensions
- b. Buildings of 500 sq. ft. or more require a Design Professional
- c. Zoning Permit Application needs to be filled out completely.
- d. A CO fee of \$50 is charged for new construction and if a new tenant is moving in.

NOTE: No license is needed for general contractor of Building Permit. Licenses are needed for the trades (elec. etc).

APPLICATION FOR BUILDING PERMIT

COMMERCIAL * INDUSTRIAL * MULTI-FAMILY RESIDENTIAL
TOWN OF NEWINGTON, 200 GARFIELD STREET, NEWINGTON CT 06111
TEL. 860-665-8580 FAX 860-665-8577-BUILDING DEPARTMENT
APPLICATION MUST BE FILLED OUT COMPLETELY IN INK

JOB LOCATION: _____

CONTRACTOR'S NAME _____ TEL. NO. _____

CONTRACTOR'S ADDRESS: _____

CITY _____ STATE _____ ZIP _____ STATE REG. NO. _____

OWNER'S NAME _____ TEL. NO. _____

OWNER'S ADDRESS: _____

DETAILED DESCRIPTION OF WORK TO BE PERFORMED: _____

TOTAL VALUE OF WORK TO BE PERFORMED: \$ _____

SIZE OF STRUCTURE TO BE BUILT: WIDTH _____ DEPTH AREA _____ (SQ.FT.)

T.P.Z./Z.B.A. APPROVAL: _____ DATE: _____

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE (OWNER) OR (AGENT) OF THIS PROPERTY AND WILL BE DONE ACCORDING TO STATE CODES AND REGULATIONS. **NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS APPLICATION AND HAS ISSUED A BUILDING PERMIT. ALL PERMITS APPROVED SUBJECT TO FIELD INSPECTIONS.**

Signed _____
(applicant) (date) (telephone no.)

Please print name _____ E-MAIL: _____

BUILDING PERMITS PAID FOR: BUILDING _____ HEATING& AIR COND. _____
ELECTRICAL _____ PLUMBING _____

BUILDING PERMIT FEE \$ _____

REC'D BY: _____

OCCUPANCY FEE \$ _____

DATE: _____

ZONING FEE: \$ _____

TOTAL PAID \$ _____

PERMIT NO.: _____

APPROVED BY: _____

DATE: _____

PERMIT NO.: _____

NOTE: CALL BUILDING DEPARTMENT FOR REQUIRED INSPECTIONS.

24 HOUR NOTICE IS REQUIRED (860-665-8580)