TOWN OF EAST HAVEN
APPLICATION FOR BUILDING PERMIT

Date_____   Permit No. _____

Project Address._____   Unit /Lot No._____

Owner _____   Tel. No. _____

Address_____

Contractor_____   Ct. License #_____

Address_____   Tel. No._____

Type of Proposed Construction_____   No. of families_____

Use Group: Existing _____   Proposed:_____   No. of Stories_____

Type	Rms	Stories	Size	Sq. Ft. Living
Dwelling				
Addition				
Dormer				
Garage				
Store				
Factory				
Office				
Warehouse				
Other				

CONSTRUCTION MATERIAL SHALL BE REMOVED BY PERMITTEE.

The following review in no way relieves the architect, or engineer or applicant of the responsibility of having their design meet all the requirements of the State of Connecticut Building Code.

PLUMBING	HEATING		ELECTRICAL
Bathrooms _____	Hot Water _____	Elect_____	Amp. _____
Toilets _____	Steam _____	Gas _____	Meters _____
Lavatories _____	Hot Air _____	O.B._____	# of Breakers _____

FRAME CONSTRUCTION

Carrying Beam _____   Studs-Ext. 2 x_____O.C.

Sills _____   Studs-Int. 2 x_____O.C.

	1st Fl.	2nd Fl.	Span
Floor Joists			
Ceiling Joists			

Rafters 2x _____O.C.

Roof Sheathing _____O.C.

Roof Type _____O.C.

Ext. Sheatthing/Finish _____   Roof Cover_____O.C.

FOUNDATION AND MASONRY

	Material	Size
Footings		
Foundation Walls		
Reinforcements		
Columns		
Piers of Pilasters		

Remarks

I certify that the installation of service and materials will comply to the applicable codes governing the work involved and information on this application and all attachments is correct and accurate to the best of my knowledge. If signed by other than owner:X_____

I hereby certify that the proposed work is authorized by the owner in fee and I am authorized to make this application.   *Owner/Applicant*

Construction Value..

Permit Fee...

Processing Fee..

State Education Fee

Certificate of Occupancy Fee

Total Fee_____ ....

Approved .._____

Building Official_____