



James Turcio
Building Official

BUILDING PERMIT APPLICATION

City of New Haven Building Department

200 Orange Street, 5th Floor, Suite 502
New Haven, Connecticut 06510
Telephone (203) 946-8045 – Fax (203) 946-8049



Toni N. Harp
Mayor

Building Permit No: B-_____ - _____

Entered by: _____

1) Address of Work Location: _____

New Haven, CT

2) Please check one of the following boxes to indicate the type of work being done:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Create a new structure | <input type="checkbox"/> Roofing | <input type="checkbox"/> Antenna |
| <input type="checkbox"/> Combine existing structures | <input type="checkbox"/> Solar Panel | <input type="checkbox"/> Exploratory Demo (non-structural) |
| <input type="checkbox"/> Non-structural repair, alteration, or upgrade | <input type="checkbox"/> Tents | <input type="checkbox"/> Other |

3) Is this a new address?

- YES If yes, please provide Map, Block, and Lot from your E-2 slip.
- NO If no, skip to Question 4 Map _____ Block _____ Lot _____

4) General description of work being done: _____

5) Owner Name: _____ 6) Owner Phone: _____

7) Owner Address: _____

8) Applicant Name: _____ 9) Applicant Phone: _____

10) Applicant Address: _____

11) Contractor: _____ 12) Contractor Phone: _____

13) Contractor Address: _____

14) Contractor License #: _____ Email Address: _____

15) Architect: _____ 16) Architect Phone: _____

17) Architect Address: _____

18) Estimated Cost of Job: \$ _____ **(This includes Labor and Materials)**

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- | | | | |
|-----------------------------|--|-----------------------------|--|
| Flood Zone | <input type="checkbox"/> YES <input type="checkbox"/> NO | Certificate of Occupancy | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Threshold Review Required | <input type="checkbox"/> YES <input type="checkbox"/> NO | Certificate of Approval | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| As-Built Site Plan Required | <input type="checkbox"/> YES <input type="checkbox"/> NO | Special Inspection Required | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | Asbestos Report | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Design Occupant Load: _____

Building Official Comments: _____

CO / CA Fee: \$ _____

Permit Fee: \$ _____

Total Fees: \$ _____

Taxes Paid: Yes No Plans: Yes No Attached Coop _____

Workers' Compensation Certificate Owner/Sole Proprietor Affidavit

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Work Category

- New Construction, Residential
- New Construction, Mixed Use
- New Construction, Non-Residential
- Rehab, Residential
- Rehab, Non-Residential
- Rehab, Mixed use

Legal Occupancy

Use at Present: _____

To Be Used For: _____

Construction Class: _____ Use Group: _____

Zoning

165 Church St, 5th Floor

Zone: _____ By: Right Special Exc Variance Bd. Of Ald. Other _____

Special Conditions

- Historical District
- Airport District
- Exemption
- Coastal Mmt. Area
- Flood Plain District

Reviewed and Approved by: _____ Date: ____/____/20____

Sign-Off Approvals

| Department | By Whom | Date | Department | By Whom | Date |
|---------------------------------|---------|------|-------------------------|---------|------|
| 1) WPCA | | / / | 5) City Plan | | / / |
| 2) Fire Marshal | | / / | 6) Health | | / / |
| 3) Engineer-Sewer | | / / | 7) Tax Collector | | / / |
| 4) Traffic & Parking | | / / | 8) Other | | / / |

Department Comments:

CERTIFICATION: I hereby certify that: I am the Owner of record of the named property or that, the proposed work is authorized by the Owner of record and/or I have been authorized to make this application as an Authorized Applicant. We agree to conform to all applicable laws, regulations, and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

X _____ Date: ____/____/20____
Signature of Owner/Authorized Applicant

Reviewed for Code Compliance by: _____ Date: ____/____/20____

Received by: _____ Date: ____/____/20____

Electrical, Plumbing, Mechanical work require separate permits