

Building Permit No: _____

Date of Application: _____

Application for Residential Building Permit

Town of East Lyme Building Department, 108 Pennsylvania Avenue, Niantic, CT 06357
Telephone: (860) 691-4114 Fax: (860) 691-0351

Application must be filled out completely in ink

JOB LOCATION: _____ Assessor's Map _____ Lot _____

Description of Work to be performed; _____

Property Owner's Name _____

Address: _____

Contractor's Name _____ NHC or HIC Reg # _____

Contractor's Address _____ Phone Number: _____

Use Group:	Fire Place YES NO	Municipal Water	TOWN USE	
Construction Type:	Air Conditioning YES NO	Well Water		
No. of Stories	Plumbing Fixtures:(# added)	Municipal Sewer		Conservation Dept.
Sq. ft of Floor area per story:	Sinks:	Community System		Health Dept.
Flood Plain	Toilets:	Private Septic(<u>see below</u>)		Driveway permit
	Bathtubs:	Heating System:	Tax	
	Shower stalls:	Fuel:		

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 AGENT, AND 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.

Applicants Name _____ Tel. No. _____
Please Print

Address: _____ City _____ ST _____ Zip _____

Applicant Signature: _____ Date: _____

TRADE PERMIT INCLUDED _____ Estimated Value of Work \$ _____

ELEC _____ PLMG _____ HVAC _____ SPR _____ Permit Fee \$ _____

State Education Fee \$ _____

Approved By: _____ Date: _____ Total : _____

*Modifications/changes to approved plans must be submitted to ALL departments **prior to construction.***

IF PROPERTY IS SERVED BY SEPTIC, PLEASE SUBMIT A COPY OF ALL PLANS TO THE LEDGE LIGHT HEALTH DISTRICT, LOCATED ON THE UPPER LEVEL OF THE TOWN HALL.