TOWN OF ROXBURY
CONNECTICUT

Building Department
Tuesday – Friday 8 AM – 1 PM
Phone Number – (860) 355-2948

29 North Street • P.O. Box 203 • Roxbury, CT 06783-0203

BUILDING PERMIT APPLICATION

APPLICANT INSTRUCTIONS: Print or type all parts of this form. Plumbing, mechanical, and electrical sections may be filled out by contractors at a later date.

Historic District: ***Yes*** ***No*** Flood Plain: ***Yes*** ***No***

PROPERTY ADDRESS: _____ LOT #: _____

OWNER OF RECORD: _____

Mailing Address**:** _____

Phone Number (_____) _____ Fax Number (_____) _____ e-mail _____

APPLICANT (If different from owner)**:** _____

Mailing Address**:** _____

Phone Number (_____) _____ Fax Number (_____) _____ e-mail _____

ENGINEER: _____

Mailing Address**:** _____

Phone Number (_____) _____ Fax Number (_____) _____ e-mail _____

ARCHITECT: _____

Mailing Address**:** _____

Phone Number (_____) _____ Fax Number (_____) _____ e-mail _____

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 that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

_____ _____

SIGNATURE OF APPLICANT **DATE**

OFFICE ONLY	
Date Received	
Plans Submitted	Yes No

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IMPROVEMENT TYPE
BUILDING PERMIT ONLY

PROPERTY ADDRESS: _____

General Contractor**:** _____

Address**:** _____

Phone Number (_____) _____ Fax Number (_____) _____ e-mail _____

License #: _____

****** Estimated Construction Cost $**_____ **Date:** _____

Check and Circle where Applicable:

	New Construction	Home	Shed	Deck	Garage	Pool
	Addition	Living Space	Utility			
	Alteration	Structural	Nonstructural			
	Repair/Replacement of					

APPLICATION INFORMATION			
# OF STORIES		# BEDROOMS	
BLDG ABOVE GRADE		# FULL BATHROOMS	
BLDG AREA		# ½ BATHROOMS	
LIVING AREA		# GARAGE BAYS	
BASEMENT AREA		GARAGE AREA	
# FIREPLACES			

STRUCTURE INFORMATION OF PROJECT						
(Circle where applicable)						
FOUNDATION TYPE	Block	Poured Concrete	Other	8”	10”	12”
STRUCTURAL TYPE	Masonry	Prefab/Modular	Wood	Steel		
SIDING TYPE	Aluminum	Wood	Vinyl	Other		
ROOFING TYPE	Asphalt	Metal	Slate	Wood	Other	
Are any structural assemblies fabricated off-site?						

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PLUMBING
PERMIT APPLICATION

PROPERTY ADDRESS: _____

Contractor**:** _____

Address**:** _____

Phone Number (_____) _____ Fax Number (_____) _____ e-mail _____

License #: _____

****** Estimated Construction Cost $**_____ **Date:** _____

Enter the number of fixtures being installed, replace or repaired:					
BIDETS		LAVATORIES		TOILET	
DISHWASHERS		SEWAGE EJECTORS		TUB/SHOWER	
FLOOR DRAINS		SINKS		WATER HEATER	
GARAGE DIS.		SUMP PUMP		WATER SOFTENER	
LAUNDRY/TUB		OTHER			

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MECHANICAL
PERMIT APPLICATION

PROPERTY ADDRESS: _____

Contractor**:** _____

Address**:** _____

Phone Number (_____) _____ Fax Number (_____) _____ e-mail _____

License #: _____

****** Estimated Construction Cost $**_____ **Date:** _____

Enter the number of new or replacement units:					
A/C COMPRESSOR		COIL UNIT		HEAT PUMP	
AIR CLEANER		ELECTRIC FURNACE		KITCHEN EXHAUST HOOD	
AIR HANDLER UNIT		FORCED AIR FURNACE		SPACE HEATER	
BOILER		GAS/OIL CONVERSION		SOLID FUEL APPLIANCE	
Type of heating fuel:	Gas	Oil	Electric	Wood	Coal	Other

DESCRIPTION: _____

_____

_____

_____

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_____

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ELECTRICAL
PERMIT APPLICATION

PROPERTY ADDRESS: _____

Contractor**:** _____ NEC or IRC _____

Address**:** _____

Phone Number (_____) _____ Fax Number (_____) _____ e-mail _____

License #: _____

****** Estimated Construction Cost $**_____ **Date:** _____

SERVICE (Circle)	New	Temporary	Change	N/A
TOTAL SERVICE AMPS		CRS #		

DESCRIPTION: _____

_____

_____

LOW VOLTAGE – SECURITY SYSTEMS

Contractor**:** _____

Address**:** _____

Phone Number (_____) _____ Fax Number (_____) _____ e-mail _____

License #: _____

****** Estimated Construction Cost $**_____ **Date:** _____

Circle where Applicable:		
Security	Smoke	Other

DESCRIPTION: _____

_____

_____