

BUILDING & TRADE APPLICATION
CITY OF GROTON
 295 Meridian Street, Groton, CT 06340
 Telephone (860) 446-4104

(PLEASE PRINT OR TYPE ALL ENTRIES)

Submission Date: _____

**Estimated Cost of Construction
 (Including Value of Labor & Material)**

Building Cost..... \$ _____
 Electrical Cost..... \$ _____
 Mechanical Cost..... \$ _____
 Plumbing Cost..... \$ _____
 Other Cost \$ _____
 TOTAL \$ _____

SUBMISSION REQUIREMENTS:

- Residential Projects-** 2 complete sets of detailed construction plans, plot plans, supporting documentation and sign off sheet for new construction (if applicable)
- Commercial Projects-** 3 complete sets of detailed construction plans, plot plans, supporting documentation and sign off sheet for new construction (if applicable)
- Heat Loss Calculations-**

Per: IRC; Section: M1401.3; Sizing. Per: IMC; Section: _____

Job Site Address:

Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

IF APPLYING FOR MULTIPLE PERMITS PLEASE SEE NEXT PAGE ALSO

CONTRACTOR INFORMATION

Name: _____ Phone: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Business Name: _____

Permits applied for:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building	Electrical	Mechanical	Plumbing	Fire Protection
Permit#	Permit #	Permit#	Permit#	Permit#

I am aware that this is only an Application for the work described, and that I am not authorized to proceed with the project until such time as a Permit has been issued by the Building Official.

OFFICE USE ONLY			
C		F	
Zone		Use group	
Commercial		Residential	
PIN #			
IW			
ZBA		HD	
TAXES current	Y N	Zoning Compliance	Y N
	City Fee	STCT Edu	CO/COA
building	\$	\$	\$
electrical	\$	\$	
mechanical	\$	\$	
plumbing	\$	\$	
other	\$	\$	

**IT IS YOUR RESPONSIBILITY TO
 HAVE YOUR BUILDING PERMIT/TRADE
 PERMIT NUMBER(S)
 WHEN CALLING IN TO SCHEDULE
 INSPECTIONS**

**Call in advance for inspections and for
 final inspection before use**

Detailed Description of Project:

TRADE PERMIT:

Electrical Contractor Name: _____ License#: _____	Address: _____ _____ Telephone: _____	Fire Protection Name: _____ License# _____	Address: _____ _____ Telephone: _____
Mechanical Contractor Name: _____ License#: _____	Address: _____ _____ Telephone: _____	Plumbing Contractor Name: _____ License# _____	Address: _____ _____ Telephone: _____
Home Improvement Name: _____ License# _____	Address: _____ _____ Telephone: _____	New Home Construction Name: _____ License# _____	Address: _____ _____ Telephone: _____
Other license specify: (Sheet Metal, Solar, etc.) Name: _____ License# _____	Address: _____ _____ Telephone: _____	Signature: _____ Signature: _____	Signature: _____ Signature: _____

TYPE OF IMPROVEMENT:

PROPOSED USE:

New building <input type="checkbox"/>	One family <input type="checkbox"/>
Addition <input type="checkbox"/>	Two family <input type="checkbox"/>
Alteration <input type="checkbox"/>	Three or more family <input type="checkbox"/>
Repair/replacement <input type="checkbox"/>	Transient; hotel, motel <input type="checkbox"/>
Sign <input type="checkbox"/>	Garage <input type="checkbox"/>
Tent <input type="checkbox"/>	Other-specify <input type="checkbox"/>
Foundation only <input type="checkbox"/>	

IS THE PROPERTY LOCATED WITHIN THE 100 YEAR FLOOD PLAIN?

YES NO

Flood Zone Designation/Elevation

THIS PERMIT CONVEYS NO RIGHT TO OCCUPY ANY STREET, ALLEY OR SIDEWALK OR ANY PART.

THEREOF, EITHER TEMPORARILY OR PERMANENTLY. ENCROACHMENTS ON PUBLIC PROPERTY, NOT SPECIFICALLY PERMITTED UNDER THE BUILDING CODE, MUST BE APPROVED BY THE JURISDICTION. STREET OR ALLEY GRADES AS WELL AS DEPTH AND LOCATION OF PUBLIC SEWERS MAY BE OBTAINED FROM THE DEPARTMENT OF PUBLIC WORKS. THE ISSUANCE OF THIS PERMIT DOES NOT RELEASE THE APPLICANT FROM THE CONDITIONS OF ANY APPLICABLE SUBDIVISION RESTRICTIONS.

APPROVED PLANS MUST BE RETAINED ON JOB AND THIS DOCUMENT KEPT POSTED UNTIL FINAL INSPECTION HAS BEEN MADE. WHERE A CERTIFICATE OF OCCUPANCY IS REQUIRED, SUCH BUILDING SHALL NOT BE OCCUPIED UNTIL FINAL INSPECTION HAS BEEN MADE.

WHERE APPLICABLE SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATIONS.

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 applicable laws, regulations and ordinances. We further understand that it is our responsibility to request all required inspections, to ascertain the results of all required inspections and to call for a final inspection prior to use. All information contained within is true and accurate to the best of my knowledge and belief. I am aware that this is only an Application for the work described, and that I am not authorized to proceed with the project until such time as a Permit has been issued by the Building Official.

Signature: _____
Print name: _____
Dated: _____

Building Official: _____
Date Approved: _____

THIS PERMIT SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE.

REFUNDS WILL BE SUBJECT TO THE REFUND POLICY.

validation (Office Use Only)
USE GROUP:
FIRE GRADING:
ZONING PERMIT FEE:
LIVE LOADING:
OCCUPANCY LOAD:
WORK TO BE PERFORMED UNDER CODE YEAR:
APPROVED BY/TITLE:

SEE NEXT PAGE

STATE OF CONNECTICUT
WORKERS' COMPENSATION COMMISSION

Building Permit Affidavit for Property Owners or Sole Proprietors
(CT Gen. Stat. § 31-286b)

Property located at _____ (in the City of) Groton, Connecticut 06340

Name of building permit applicant:

Please check one:

1. I am the owner of the above property
2. I am the sole proprietor of a business

2A. Name of business

2B. Federal Employer Identification Number (FEIN)

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Pursuant to § 31-286b, "a property owner or sole proprietor (who) intends to act as a general contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit ... stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapter."

Please check one:

1. I do not intend to act as a general contractor or principal employer
(Sign and stop here)

Signature of applicant

2. I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

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Affidavit

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

Signature of applicant

Subscribed and sworn to before me this ____ day of _____ 20____.

(Notary Public/Commissioner of the Superior Court)