

Assessor _____

City of Torrington

Permit Number _____

Building Department

140 Main Street Torrington, CT 06790 (860) 489-2244

Application For Building Permit

Date: _____

Use group _____

Construction classification _____

Permit type: **Alteration**

Addition

Renovation

New Construction

Job location

Address _____ Phone Number _____

Map _____ Block _____ Lot _____

Owner's Information

Owner's Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contractor Information

Contractor Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contractor Registration Number: _____ Expiration Date: _____

Architects and Engineer information

Architects Name: _____ Phone Number: _____

Engineer Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I, hereby certify that I am the owner or the owner of record authorizes the work proposed, and that I have been authorized by the owner to make this application as an authorized agent. We agree to conform to all applicable laws of this jurisdiction and the CT State Building Code.

Print Name _____ Signature _____

WHAT ARE YOU BUILDING? _____

(brief description) _____

Check all that apply Proposed Use Existing Use New Construction Addition
 Commercial Restaurant Industrial Hospital Residential
 Temporary Structure Accessory Structure Other: _____

Flood Plain ? yes no If yes attach form Mixed Use? _____

Water/Sewer Information

(Check the appropriate)

Public Water Supply _____

Private/Well Water _____

Public Sewer _____

Private/Septic _____

General Building Data

How many stories is the structure ? _____ Special Inspections? _____

Automatic sprinklers? _____ Fire or smoke alarms? _____

Are there Stories below grade ? yes ____ no ____ How many ? _____ Sq.Ft. _____

Gross Sq. ft per floor is ? _____

Gross Sq. ft. of entire structure is ? _____

The following departments need notification and are required to sign off prior to Building Permit Issuance:

Do not write below this line – For Office Use Only

Required ?	Department	Signature
<input type="radio"/> Yes <input type="radio"/> No	Zoning/Inland Wetland 489-2221/ 496-5928	_____
<input type="radio"/> Yes <input type="radio"/> No	City Planner 489-2220/496-5928	_____
<input type="radio"/> Yes <input type="radio"/> No	Engineering 489-2232/489-2550	_____
<input type="radio"/> Yes <input type="radio"/> No	Fire Marshal 489-2534/489-2563	_____
<input type="radio"/> Yes <input type="radio"/> No	Health 489-0436/496-8243	_____
<input type="radio"/> Yes <input type="radio"/> No	Water 489-4149/496-7889	_____

• **Estimated Cost of General Construction:** \$ _____

Please note: The City of Torrington Building Department has separate Mechanical, Electrical and Plumbing Permits. The pricing of these components should not be included in the cost of general construction.

I, the undersigned, to the best of my knowledge do solemnly swear that the plans submitted and all of the aforementioned information is accurate and true. I understand that it is my responsibility to coordinate all of the necessary inspections for the duration of the project. I will require Workers Compensation for all people associated with this permit. I will call for a Certificate of Occupancy Inspection and will provide in writing all necessary signoffs.

Print Name _____ Signature _____

Permit Fee: _____

State Ed.Fee: _____

Plan Review Fee: _____

C.O./Compliance Fee: _____

Total Fee: _____

Issued By: _____

Date: _____