



TOWN OF WESTPORT BUILDING PERMIT APPLICATION

This Section To Be Completely Filled Out By Applicant

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|-------------------------------------|------------|--------------|------|
| Address of Work: | | List Number: | |
| Owners Name: | | | |
| Address: | City/Town: | State: | Zip: |
| Phone (home & day): | | E-mail: | |
| Lessee information (if applicable): | | | |

| | | | |
|------------------------|------------------|---------------|------|
| Contractor: | | Contact: | |
| Address: | City/Town: | State: | Zip: |
| Phone (office & cell): | | E-mail: | |
| Registration No.: | Expiration Date: | C.B.Y.D. No.: | |

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|------------|------------|--------|------|
| Architect: | | Phone: | |
| Address: | City/Town: | State: | Zip: |

This Section To Be Filled Out By Plan Reviewer

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|--------------------|--|--|----------------------------------|
| Tax Clearance No.: | Owner's Authorization <input type="checkbox"/> | Workers Comp. <input type="checkbox"/> | or Aff. <input type="checkbox"/> |
| Zoning Permit No.: | Date: | Flood Zone: | Plan Rev.: |
| Work Description: | | | |
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| | | | |
| Use Group: | Construction Classification: | ResCheck: | |

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| Subcontractor permits required: <input type="checkbox"/> Electric <input type="checkbox"/> Service <input type="checkbox"/> H.V.A.C. <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Plumbing | <input type="checkbox"/> Fireplace <input type="checkbox"/> Fuel Tank <input type="checkbox"/> Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Hood & duct <input type="checkbox"/> Concrete | Estimated Cost of Construction: \$ _____ Permit Fee: \$ _____ CT Education Tax: \$ _____ FD Administration Fee: \$ _____ Total: \$ _____ |
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I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements and provisions of the BUILDING CODE of the STATE of CONNECTICUT and the Ordinances of the TOWN of WESTPORT as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work, and to give the applicable local and state requirements precedence over other written specifications, drawings and instructions.

I further agree to cooperate with and assist the Officials of the TOWN of WESTPORT in their inspections of this work, and in the enforcement of applicable local and state codes and regulations.

I hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described, and that I have the necessary legal right and authority to proceed with the work herein outlined, and that the information I have given is true and correct, and that the cost estimate is accurate to the best of my knowledge.

I authorize the Town of Westport to properly dispose of all residential construction plans two years after issuance of the Certificate of Occupancy unless written request is submitted to the Building Department within that time.

Note: Except in cases of emergency, construction or repair work that is accompanied by noise shall be prohibited within the Town of Westport between the hours of 8:00 p.m. and 7:00 a.m. on weekdays and 9:00 a.m. on Saturday, Sunday and legal holidays.

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|-------------|------------|-------|
| Print Name: | Signature: | Date: |
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