

APPLICATION FOR PERMIT

TOWN OF: WARREN #

LOCATION OF JOB			FEE SCHEDULE	TYPE OF JOB
MAP	BLOCK	LOT	<b>\$30 FOR FIRST \$1,000 (MINIMUM FEE)            \$8 FOR EACH ADDITIONAL \$1,000            OR PART THEREOF</b>  BASED ON VALUE OF CONSTRUCTION BUILDING OFFICIAL MAY REQUIRE AFFIDAVIT OF ACTUAL VALUE	<b>CHECK ONLY ONE PER BOX</b> <input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL
NO.	STREET NAME			<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION
TOWN	STATE	ZIP		<input type="checkbox"/> DEMOLITION <input type="checkbox"/> CHANGE OF USE

OWNER	VALUE - FEE	REQUIREMENTS
LAST NAME      FIRST NAME  NO.      STREET NAME  TOWN      STATE      ZIP	CONSTRUCTION VALUE  FEE AMOUNT  <b><u>THIS FEE INCLUDES THE            CT. EDUCATION FUND</u></b>	<input type="checkbox"/> ZONING <input type="checkbox"/> HEALTH DEPT. <input type="checkbox"/> FIRE MARSHAL <input type="checkbox"/> PLOT PLAN <input type="checkbox"/> INSURANCE PROOF (W. C.) <input type="checkbox"/> HISTORICAL APPROVAL <input type="checkbox"/> FLOOD PLAIN APPROVAL <input type="checkbox"/> TWO SETS OF PLANS

APPLICANT	DEPARTMENT DECISION	TYPE OF BUILDING
LAST NAME      FIRST NAME  NO.      STREET NAME  TOWN      STATE      ZIP	<b>APPLICATION IS HEREBY</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED  DATE      CODE OFFICIAL	CONSTRUCTION TYPE _____ USE GROUP _____

BUILDER / CONTRACTOR INFORMATION	
LAST NAME      FIRST NAME  NO.      STREET NAME  TOWN      STATE      ZIP	LICENSE OR REGISTRATION NUMBER AND CLASS _____ / / ( ) - EXPIRATION DATE      CONTRACTOR TELEPHONE  CONTRACTOR SIGNATURE _____

**PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS**

REMARKS OR A BRIEF DESCRIPTION OF WORK PROPOSED:

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**THIS IS TO CERTIFY THAT I AM THE OWNER OR AUTHORIZED AGENT FOR THE OWNER. ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE OWNER OF THE ABOVE DESCRIBED PROPERTY. AS THE APPLICANT I UNDERSTAND THAT A FINAL INSPECTION AND CERTIFICATE OF USE AND OR OCCUPANCY IS REQUIRED BEFORE OCCUPANCY OR USE.**

PAID BY: \_\_\_\_\_ CK NO: \_\_\_\_\_

DATE \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_