APPLICATION FOR BUILDING PERMIT – TOWN OF SHERMAN

PERMIT #:________________

STREET ADDRESS OF JOB:________________________________________________________________

TYPE OF JOB (CHOOSE ONE): Building _______ Electrical_______ Plumbing_______ Mechanical_____

TYPE OF JOB (CHOOSE ALL THAT APPLY): New_______ Addition_______ Repair_______

Alteration_______ Demo_______ Change of Use_______

PROPERTY OWNER: Last Name:_______________________ First Name:____________________

Address:___________________________________________________________________________ phone:____________________

APPLICANT: Last Name:_______________________ First Name:____________________

Address:___________________________________________________________________________ Phone:____________________

BUILDER/CONTRACTOR INFORMATION

License or Registration Number& Class:___________________________________________________________

Name:_________________________________________________________ Expiration Date:____________

Address:_______________________________________ Phone:__________________

REMARKS OR A BRIEF DESCRIPTION OF WORK PROPOSED:__________________________________________

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

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 AND
WILL BE PERFORMED ACCORDING TO THE CONNECTICUT BASIC BUILDING CODE. AS THE APPLICANT, I
UNDERSTAND THAT A FINAL INSPECTION AND A CERTIFICATE OF USE OR OCCUPANCY IS REQUIRED.

APPLICANT SIGNATURE:____________________________________________ DATE:____________

Construction value:$________________________ Fee:$________________________

FEE SCHEDULE: $30 for the first $1000 (minimum fee), $12 for each additional $1000 or part thereof.

Post-Facto$500 for research, Administration and Inspection Fees

BUILDING DEPT. USE ONLY

APPLICATION IS: APPROVED:__________ DENIED:____________

BLDG. OFFICIAL:________________________ DATE:____________

REQUIREMENTS: Zoning_____ Health_____ Fire Marshall_____ Plot or Site Plan_____

Insurance Proof (WC)_______ Historical_______ Flood Plain_______ 2 Sets of Plans____

TYPE OF BUILDING: Construction Type _______ Use Group __________

LOCATION OF JOB: Map_______ Block_______ Lot_______

CHECK#:____________________ AMT:____________________ FEE PAID BY:____________________

Revised 07/01/2019