

APPLICATION FOR PERMIT

TOWN OF: Bridgewater #

LOCATION OF JOB			FEE SCHEDULE	TYPE OF JOB	
MAP	BLOCK	LOT	\$30 FOR FIRST \$1,000 (MINIMUM FEE) <b>\$500 IF POST-FACTO</b> \$10 FOR EACH ADDITIONAL \$1,000 OR PART THEREOF  <b>BASED ON VALUE OF CONSTRUCTION</b> 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  <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION  <input type="checkbox"/> DEMOLITION <input type="checkbox"/> CHANGE OF USE	
NO.	STREET NAME				
TOWN	STATE	ZIP			

OWNER		VALUE - FEE	REQUIREMENTS
LAST NAME	FIRST NAME	CONSTRUCTION VALUE	<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
NO.	STREET NAME	FEE AMOUNT	
TOWN	STATE	ZIP	
<b><u>THIS FEE INCLUDES THE CT. EDUCATION FUND</u></b>			

APPLICANT	DEPARTMENT DECISION	TYPE OF BUILDING
LAST NAME	FIRST NAME	CONSTRUCTION TYPE
NO.	STREET NAME	USE GROUP
TOWN	STATE	ZIP
	DATE	CODE OFFICIAL

BUILDER / CONTRACTOR INFORMATION			
LAST NAME	FIRST NAME	LICENSE OR REGISTRATION NUMBER AND CLASS	
NO.	STREET NAME	EXPIRATION DATE	CONTRACTOR TELEPHONE
TOWN	STATE	ZIP	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 \_\_\_\_\_