

BUILDING PERMIT NO. _____

APPLICATION FOR COMMERCIAL OR RESIDENTIAL BUILDING PERMIT

Town of Lisbon, 1 Newent Road, Lisbon, CT 06351
Telephone: (860) -376-8291 Fax: (860)-376-6545

Application must be filled out completely in ink.

COMMERCIAL ___ RESIDENTIAL ___ INDUSTRIAL ___ OTHER ___

NEW ___ ACCESSORY ___ ADDITION ___ ALTERATION ___

JOB LOCATION _____

CONTRACTOR'S NAME _____

CONTRACTOR'S ADDRESS _____, CITY _____,

STATE _____ ZIP CODE _____ STATE LICENSE NO. _____

PROPERTY OWNER'S NAME _____ TEL. NO. _____

OWNER'S ADDRESS _____

DESCRIPTION OF WORK TO BE PERFORMED _____

USE _____	HEATING SYSTEM _____	MAP # _____
TYPE _____	FUEL _____	LOT # _____
NO. OF STORIES _____	PLUMBING FIXTURES _____	ZONE _____
FLOOR AREA PER _____	SINK _____	FLOOR LIVE LOAD PSF _____
NO. OF ROOMS _____	TOILETS _____	CITY WATER _____
BASEMENT _____	LAVATORIES _____	WELL WATER _____
FOUNDATION _____	BATHTUBS _____	AIR CONDITIONING _____
EXT. WALLS _____	SHOWER STALLS _____	ZONING PERMIT YES NA _____
INT. WALLS _____	ELEC. SERVICE SIZE _____	SEPTIC PERMIT YES NA _____
FIRE PLACE _____		DRIVEWAY PERM. YES NA _____

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE OWNER OR AGENT OF THIS PROPERTY AND WILL BE DONE IN ACCORDANCE WITH THE STATE BUILDING CODE. NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS APPLICATION AND HAS ISSUED A BUILDING PERMIT.

I GRANT PERMISSION TO THE TOWN'S ASSESSOR TO ENTER THE PROPERTY TO DO REQUIRED INSPECTIONS.

APPLICANT'S SIGNATURE _____ DATE _____
PLEASE PRINT NAME _____ TEL. NO. _____

CONSERVATION (ILWL) _____	ESTIMATED VALUE OF WORK \$ _____
PLANNING AND ZONING _____	BUILDING PERMIT FEE \$ _____
SANITARIAN _____	TRADES \$ _____
ZONING _____	EDUCATION FEE \$ _____
	TOTAL \$ _____

TRADE PERMIT(S) INCLUDED: ELEC. ___ PLUMB. ___ HVAC ___ SPR. ___

APPROVED BY _____, BUILDING OFFICIAL