

Construction Type: Residential Commercial Industrial

Use and Occupancy Group: _____ **Mixed Use:** _____ Separated Yes No

Height of Building _____

Total Sq. Ft. of Building: _____

List below the gross square footage of each story, above and below grade:

Story	Area in Sq. Ft.	Story	Area in Sq. Ft.	Story	Area in Sq. Ft.	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	TOTAL SQ. FT. _____

Architect's Information:(Attach as applicable) License # _____

Engineer's Information: (Attach as applicable) License # _____

Documents Submitted/Attached:

- Zoning Reports
- Building Plans
- Site Plans
- Building Sections
- Building Elevations
- Health Dept.
- Calculations
- Details
- Photographs
- Threshold Review
- Insurance Cert.
- Correspondence
- Authorization of Applicant Other than Owner
- Manufacturer's Literature
- Statement of Special Inspections
- Other (describe) _____

Total Estimated Cost of Construction: _____
(Value of Labor & Materials)

Certification:

I hereby certify that: I am the owner of record of the named property or _____ that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. I further grant authorization to a representative of the Town of Beacon Falls to enter the property on this application to conduct the required inspections per CT State Building code and that there are no environmental issues or hazards in the proposed work.

Signature of Owner/Authorized Agent

For Building Official's Use Only

Municipal Fee: _____ **Permit #:** _____

State of CT: _____ **Permit Use:** _____

Certificate of Occupancy Fee: _____ **Permit Fee:** _____

Total Fee: _____ **Review Date:** _____

Check #: _____ **Cash** _____

Received by

Signature of Building Official