




OFFICE OF BUILDING COMPLIANCE
TOWN OF BEACON FALLS, CONNECTICUT
APPLICATION FOR PERMIT

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INFORMA
TION

Property Location Street Address _____ **Date** _____ 

Owner's Name (As it appears in Land Records) _____

Owner's Street Address _____ **Town/City** _____ **State** _____ **ZIP Code** _____

Contact Phone # _____ **E-Mail** _____ **Fax #** _____

Applicant's Name _____ **Applicant's Business Name** _____

Applicant's Street Address _____ **Town/City** _____ **State** _____ **ZIP Code** _____

Contact Phone # _____ **E-Mail** _____ **Fax #** _____


Signature of Contractor / Homeowner _____ **CT Trade License #** _____

Project Type:

<input type="checkbox"/> New Construction	<input type="checkbox"/> Fuel/Gas	<input type="checkbox"/> Solar PV System
<input type="checkbox"/> Addition	<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition
<input type="checkbox"/> Alteration	<input type="checkbox"/> Tenant Fit Out	<input type="checkbox"/> Accessory Building
<input type="checkbox"/> Repair/Replacement	<input type="checkbox"/> Generator	<input type="checkbox"/> Swimming Pool

Project or structure within 100' of wetlands? ☐ Yes ☐ No Work to be conducted in Town right-of-way? ☐ Yes ☐ No

★ **Description of Work:** _____

Permit Type: _____ **OFFICE USE ONLY** 

<input type="checkbox"/> Building Permit	Permit # _____	Estimated Cost _____	Fee _____
	<input type="checkbox"/> New Home	<input type="checkbox"/> Residential Addition	
	<input type="checkbox"/> Commercial Structure	<input type="checkbox"/> Commercial Addition	
<input type="checkbox"/> Electrical Permit	Permit # _____	Estimated Cost _____	Fee _____
	CRS#: _____		
<input type="checkbox"/> HVAC Permit	Permit # _____	Estimated Cost _____	Fee _____
<input type="checkbox"/> Plumbing Permit	Permit # _____	Estimated Cost _____	Fee _____
<input type="checkbox"/> Demolition Permit	Permit # _____	Estimated Cost _____	Fee _____
<input type="checkbox"/> Other _____	Permit # _____	Estimated Cost _____	Fee _____



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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:

<input type="checkbox"/> Zoning	<input type="checkbox"/> Building Plans	<input type="checkbox"/> Site Plans	<input type="checkbox"/> Building Sections	<input type="checkbox"/> Building Elevations	<input type="checkbox"/> Health Dept.
<input type="checkbox"/> Reports	<input type="checkbox"/> Calculations	<input type="checkbox"/> License	<input type="checkbox"/> Dept. Approvals	<input type="checkbox"/> Insurance Certificate	<input type="checkbox"/> Threshold Review
<input type="checkbox"/> Details	<input type="checkbox"/> Authorization of Applicant Other than Owner	<input type="checkbox"/> Manufacturer's Literature			
<input type="checkbox"/> Statement of Special Inspections	<input type="checkbox"/> 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: _____

Certificate of Occupancy Fee: _____ Permit Use: _____

Total Fee: _____ Review Date: _____

Check #: _____ Cash _____

Received by _____

Signature of Building Official _____