Town of Beacon Falls Department Approvals
Application for Building Permit

1. Owner's Name: ___________________________ Date: ___________________________
   Address: _____________________________________________________________
   Phone Contact Number: ________________________________________________
   Description of Project: ________________________________________________

2. Assessor's Office (203) 723-5253
   Property Location: _________________________________________________
   Owner of Record: _________________________________________________
   Assessor's Map: ________________________________________________
   List #: _____________________________________________________________

3. Tax Collector's Dept. (203) 723-5244
   Confirmation of NO delinquent taxes due on the above property
   Tax Collector: ___________________________ Date: ___________________________

4. Inland Wetlands Dept. / Storm Water Management (203) 729-4216
   Based upon the review of the Inland Wet Lands Maps, Record Subdivision Map, Site Plan or other data the above project
   is in compliance with Wetlands Regulations.
   Inland Wetlands Agent: ___________________________ Date: ___________________________

5. Planning & Zoning Dept. (203) 729-4216
   Project approval granted by P&Z Commission Review: YES ___________ NO ___________
   Project approval granted by Zoning Board of Appeals: YES ___________ NO ___________

6. Water Pollution Control Authority / Naugatuck Valley Health District (203) 729-2926 + (203) 888-3830
   Municipal Sanitary Sewer Connection Approval
   WPCA Agent: ___________________________ Date: ___________________________
   NVHD Approval of onsite Septic Designed System and Water Well Location
   NVHD Agent: ___________________________ Date: ___________________________

7. Public Works Dept. (203) 729-2926
   Project Approval for Driveway Permit Permit #: __________________________
   Project Approval for Road Opening Permit Permit #: __________________________
   Public Works Agent: ___________________________ Date: ___________________________

8. Fire Marshals Office (203) 729-1470
   Project Approval based on submitted plans and review - CT Review Code __________________________
   Fire Marshal Signature: ___________________________ Date: ___________________________

9. Building Dept. (203) 729-4216 -- Project Compliance Per Plans and Review per the CT State Building Code
   Building Official: ___________________________ Date: ___________________________