Town of Beacon Falls Department Approvals

Application for Building Permit

1. Owner’s Name: _____________________________________________ Date: ________________
   Address: _______________________________________________________________________
   Contact Number: __________________________________________________________________
   Description of Project: __________________________________________________________________

2. Assessor’s Office – (203) 723-5253
   List #: _____________________________________________
   Property Location: ___________________________________________________________________
   Owner of Record: _____________________________________________________________________
   Assessor’s Map: _____________________________________________________________________

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

4. 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 ________
   Planning & Zoning Signature: _____________________________________________ Date ________________

5. Water Pollution Control Authority - (203) 729-2926
   Municipal Sanitary Sewer Connection Approval
   WPCA Signature: _____________________________________________ Date: ________________

6. Naugatuck Valley Health District - NVHD Approval of onsite Septic Designed System & Well Location
   P: (203)-881-3255
   NVHD Signature: _____________________________________________ Date: ________________

7. Public Works Dept.
   P: (203) 729-2926
   Public Works Signature: _____________________________________________ 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 Signature: _____________________________________________ Date: ________________