



TOWN OF BEACON FALLS - **STEP ONE** -

▶▶▶ PLEASE HAVE COMPLETED BEFORE SUBMITTING PERMIT

Owner's Name: _____ **Date:** _____

Applicant's Name: _____

Property Address: _____

Description of Project:

1. **Assessor's Office :** List #: _____ Map / Lot #: _____

Property Address: _____ Owner of Record: _____

▶ **Assessor's Office:** PRINT _____ / SIGN _____ DATE: _____

2. **Tax Collector Dept.:** TAXES CURRENT TAXES OWED

▶ **Tax Collector's Office:** PRINT _____ / SIGN _____ DATE: _____

3. **Inland & Wet Lands Dept. / Storm Water Management**

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:** PRINT _____ / SIGN _____ DATE: _____

APPROVED _____

DISAPPROVED _____

4. **Planning & Zoning Dept.**

Project approval granted by Administrative Review: YES _____ NO _____

Project approval granted by P&Z Commission Review: YES _____ NO _____

Project approval granted by Zoning Board of Appeals: YES _____ NO _____

▶ **Planning & Zoning:** PRINT _____ / SIGN _____ DATE: _____

5. **Water Pollution Control Authority**

▶ **W.P.C.A.:** PRINT _____ / SIGN _____ DATE: _____

6. **Naugatuck Valley Health Department** Approval of onsite Septic Designed System and water Well Location

▶ **N.V.H.D.:** PRINT _____ / SIGN _____ DATE: _____

7. **Public Works Dept.**

▶ **Public Works:** PRINT _____ / SIGN _____ DATE: _____



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8. **Fire Marshal's Office** Approval based on submitted plans and review - CT Review Code _____

▶ **Fire Marshal:** PRINT _____ / SIGN _____ DATE: _____

9. **Building Dept.** --- Project Compliance Per Plans and Review per the CT State Building Code

▶ **Building Official:** PRINT JAMES BALDWIN / SIGN _____ DATE: _____

ONCE YOU HAVE **ALL** OF THE REQUIRED SIGNATURES –

YOU WILL THEN COME BACK TO THE BUILDING DEPARTMENT TO CONTINUE THE PERMIT PROCESS.





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

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_____ **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 _____



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

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 Building Plans Site Plans Building Sections Building Elevations Health Dept.
- Reports Calculations License Dept. Approvals Insurance Certificate Threshold Review
- Details 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: _____

Certificate of Occupancy Fee: _____ Permit Use: _____

Total Fee: _____ Review Date: _____

Check #: _____ Cash _____

Received by _____

Signature of Building Official _____