

All work done under this permit must comply with the Connecticut State Building Code effective December 31, 2005.

APPLICATION FOR BUILDING PERMIT TOWN OF AVON

Tel. (860) 409-4316 • Fax (860) 409-4321
60 West Main Street, Avon, Connecticut 06001-3743

PERMIT NO. _____

Application & Fee Received By: _____

| LOCATION OF JOB (NO. & STREET) | GIS Parcel ID | ZONE | CONST. TYPE | USE GROUP | OCCUPANCY | CBYD |
|--------------------------------|---|------|-------------|-----------|-----------|------|
| TITLE | ADDRESS (No., Street, Town, State, Zip) | | | TEL. | FAX | CELL |
| OWNER | | | | | | |
| TENANT | | | | | | |
| APPLICANT | | | | | | |
| BUILDER | LICENSE # | | | | | |
| ARCHITECT | LICENSE # | | | | | |
| ENGINEER | LICENSE # | | | | | |
| INTERIOR DESIGNER | LICENSE # | | | | | |
| SPECIAL INSPECTOR | LICENSE # | | | | | |
| CONTACT PERSON | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------|---------------|-----|------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|--|--|--|--|---------------------------|--|--|--|--|-----------------------------------|--|--|--|--|---|-------|------------|-----|--------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|
| PERMIT TYPE <input type="checkbox"/> Foundation <input type="checkbox"/> Building <input type="checkbox"/> Tenant Fitout <input type="checkbox"/> Sign <input type="checkbox"/> Change of Use <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Move Lot Line <input type="checkbox"/> Article 34 <input type="checkbox"/> Other _____ | PROJECT TYPE <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Other _____ <hr/> <input type="checkbox"/> # _____ DWELLING UNITS <hr/> SPRINKLERS Required <input type="checkbox"/> Yes <input type="checkbox"/> No Provided <input type="checkbox"/> Yes <input type="checkbox"/> No | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Story</td> <td style="text-align: center;">Gross Sq. Ft.</td> <td style="text-align: center;">Use</td> <td style="text-align: center;">Occ.</td> <td style="text-align: center;">Occ. Load</td> </tr> <tr> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="5" style="text-align: center;">Total _____</td> </tr> <tr> <td colspan="5" style="text-align: center;">Building Height _____ ft.</td> </tr> <tr> <td colspan="5" style="text-align: center;">INS. _____ G.C.- H.O.- S.P. _____</td> </tr> </table> | Story | Gross Sq. Ft. | Use | Occ. | Occ. Load | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | Total _____ | | | | | Building Height _____ ft. | | | | | INS. _____ G.C.- H.O.- S.P. _____ | | | | | PERMIT FEE CALCULATION <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">Phase</td> <td style="text-align: center;">Est. Value</td> <td style="text-align: center;">Fee</td> </tr> <tr> <td>Const.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Pimg.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Mech.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Elect.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Spnkr.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | Phase | Est. Value | Fee | Const. | _____ | _____ | Pimg. | _____ | _____ | Mech. | _____ | _____ | Elect. | _____ | _____ | Spnkr. | _____ | _____ | Other | _____ | _____ | Total | _____ | _____ |
| Story | Gross Sq. Ft. | Use | Occ. | Occ. Load | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building Height _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INS. _____ G.C.- H.O.- S.P. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phase | Est. Value | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Const. | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pimg. | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mech. | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elect. | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spnkr. | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|--|--------------------------|---|---------------------------------|--------------------------|--------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td style="text-align: center;">Septic <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Sewer <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Flood Zone <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Y | N | Septic <input type="checkbox"/> | <input type="checkbox"/> | Sewer <input type="checkbox"/> | <input type="checkbox"/> | Flood Zone <input type="checkbox"/> | <input type="checkbox"/> | Description of Work/Remarks: _____ _____ _____ |
| Y | N | | | | | | | | |
| Septic <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| Sewer <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| Flood Zone <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |

All work covered by this application has been authorized by the owner of this property or an authorized agent and will be done in compliance with all local, state and federal regulations. This permit shall lapse if work does not commence within 6 months.

Property Owner Signature _____ Date _____ Agent Signature _____ Date _____

| | | | | | | | | | | | | | | | | | |
|--|-------|--------------------|-------|------|--------------|-------|--------------------|-------|---------------|-------|-------------|-------|-----------------|-------|----------------|-------|--|
| PRE-APPROVAL BY OTHER AGENCIES <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Sign</td> <td style="text-align: center;">Date</td> <td style="text-align: center;">Sign</td> <td style="text-align: center;">Date</td> </tr> <tr> <td>Zoning _____</td> <td>_____</td> <td>Fire Marshal _____</td> <td>_____</td> </tr> <tr> <td>Wetland _____</td> <td>_____</td> <td>Water _____</td> <td>_____</td> </tr> <tr> <td>Town Eng. _____</td> <td>_____</td> <td>Sewerage _____</td> <td>_____</td> </tr> </table> | Sign | Date | Sign | Date | Zoning _____ | _____ | Fire Marshal _____ | _____ | Wetland _____ | _____ | Water _____ | _____ | Town Eng. _____ | _____ | Sewerage _____ | _____ | Plan Reviewed By _____ Date _____ APPROVAL CONSTITUTES ISSUANCE OF THIS BUILDING PERMIT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ Building Official _____ Date _____ |
| Sign | Date | Sign | Date | | | | | | | | | | | | | | |
| Zoning _____ | _____ | Fire Marshal _____ | _____ | | | | | | | | | | | | | | |
| Wetland _____ | _____ | Water _____ | _____ | | | | | | | | | | | | | | |
| Town Eng. _____ | _____ | Sewerage _____ | _____ | | | | | | | | | | | | | | |