

Building Permit No: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### Application for Residential Building Permit

Town of East Lyme Building Department, 108 Pennsylvania Avenue, Niantic, CT 06357  
Telephone: (860) 691-4114 Fax: (860) 691-0351

**Application must be filled out completely in ink**

JOB LOCATION: \_\_\_\_\_ Assessor's Map \_\_\_\_\_ Lot \_\_\_\_\_

Description of Work to be performed; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Address: \_\_\_\_\_

Contractor's Name \_\_\_\_\_ NHC or HIC Reg # \_\_\_\_\_

Contractor's Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Use Group:	Fire Place YES NO	Municipal Water	<b>TOWN USE</b>	
Construction Type:	Air Conditioning YES NO	Well Water		
No. of Stories	Plumbing Fixtures:(# added)	Municipal Sewer		Conservation Dept.
Sq. ft of Floor area per story:	Sinks:	Community System		Health Dept.
Flood Plain	Toilets:	Private Septic( <u>see below</u> )		Driveway permit
	Bathtubs:	Heating System:	Tax	
	Shower stalls:	Fuel:		

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.

Applicants Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
*Please Print*

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRADE PERMIT INCLUDED \_\_\_\_\_ Estimated Value of Work \$ \_\_\_\_\_

ELEC \_\_\_\_\_ PLMG \_\_\_\_\_ HVAC \_\_\_\_\_ SPR \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

State Education Fee \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Total : \_\_\_\_\_

*Modifications/changes to approved plans must be submitted to ALL departments **prior to construction.***

**IF PROPERTY IS SERVED BY SEPTIC, PLEASE SUBMIT A COPY OF ALL PLANS TO THE LEDGE LIGHT HEALTH DISTRICT, LOCATED ON THE UPPER LEVEL OF THE TOWN HALL.**