

TOWN OF EAST LYME BUILDING PERMIT APPLICATION

Building Permit No: _____

Date of Application: _____

Commercial or Residential **OR** HVAC Electrical Plumbing

Job Location: _____

Description of Work to Be Performed: _____

(Modifications/changes to approved plans must be submitted to ALL departments **PRIOR TO CONSTRUCTION.**)

Property Owner's Name: _____

Property Owner's Address/Phone: _____

Contractor's Name: _____

Home Improvement Reg. # /New Home Contractor # : _____

Contractor's Mailing Address: _____

Contractor's Phone/Cell/Email: _____

Construction Information:

Check appropriate box:

Use Group:	Municipal Water:	
Construction Type:	Well Water:	
Number of Stories:	Private Septic:	
Sq. Ft. of Floor Area per Story:	Municipal Sewer:	
Flood Plain:	Heating System: Yes or No	

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

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.

Printed name of Applicant: _____

Applicant Address: _____

Applicant Phone/Cell/Email: _____

Applicant Signature: _____ Date: _____

Commercial or Residential – Check Trade Permits Included:

ELEC _____ PLMB _____ HVAC _____ SPR _____

Estimated Value of Work: \$ _____

Permit Fee: \$ _____

State Education Fee: \$ _____

Total: \$ _____

Approved by: _____ Date: _____ Rev. 6/2010