

PLEASE PRINT OR TYPE	TOWN OF MIDDLEBURY <b>BUILDING PERMIT APPLICATION</b>	
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*For Town of Middlebury use only*

TAX COLLECTOR _____	DATE: _____	MAP: _____	LOT: _____
ESTIMATED COST OF CONSTRUCTION: \$ _____ <i>(Labor and Materials)</i>		PERMIT FEE: \$ _____	PLAN REVIEW FEE: \$ _____

*To be completed by Applicant – PLEASE PROVIDE ALL REQUIRED INFORMATION OR APPLICATION CANNOT BE REVIEWED*

PROPERTY ADDRESS: _____	AREA: _____	ZONE: _____
USE OF STRUCTURE: PREVIOUS: _____	PROPOSED: _____	
OWNER: _____	ADDRESS: _____	TEL: _____
CONTRACTOR: _____	TEL: _____	FAX: _____
CONTRACTOR'S ADDRESS: _____	LIC/REG NO.: _____	EXPIRES: ____ / ____ / ____
ARCH/ENGINEER _____	ADDRESS: _____	TEL: _____
CONNECTICUT LIC. NO.: _____	STAMPED CONSTR. DOCS. <input type="checkbox"/> YES <input type="checkbox"/> NO	C of O REQ <input type="checkbox"/> YES <input type="checkbox"/> NO

DESCRIPTION OF WORK TO BE PERFORMED:	USE OF EACH FLOOR
	Bsmt. _____
	1 <sup>st</sup> _____
	2 <sup>nd</sup> _____
	3 <sup>rd</sup> _____
CODE EDITION: _____	Other _____

TYPE OF PROJECT <i>(Check all that apply)</i>	PROPOSED USE (NON-RESIDENTIAL) <i>(Check all that apply)</i>	TYPE OF CONSTRUCTION <i>(Check only one)</i>
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> INTERIOR ALTERATION <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> ACCESSORY STRUCTURE	<input type="checkbox"/> A-1 THEATERS <input type="checkbox"/> H-2 HIGH HAZARD <input type="checkbox"/> A-2 RESTAURANT <input type="checkbox"/> H-3 HIGH HAZARD <input type="checkbox"/> A-2 NIGHT CLUB <input type="checkbox"/> H-4 HIGH HAZARD <input type="checkbox"/> A-3 ASSEMBLY <input type="checkbox"/> H-5 HIGH HAZARD <input type="checkbox"/> A-4 ARENAS <input type="checkbox"/> I-1 INSTITUTIONAL <input type="checkbox"/> A-5 ASSEMBLY (OUT) <input type="checkbox"/> I-2 INSTITUTIONAL <input type="checkbox"/> B BUSINESS <input type="checkbox"/> I-3 INSTITUTIONAL <input type="checkbox"/> B MEDICAL BUSINESS <input type="checkbox"/> I-4 INSTITUTIONAL <input type="checkbox"/> E EDUCATIONAL <input type="checkbox"/> M MERCANTILE <input type="checkbox"/> F-1 FACTORY (MOD) <input type="checkbox"/> S-1 STORAGE (MOD) <input type="checkbox"/> F-2 FACTORY (LOW) <input type="checkbox"/> S-2 STORAGE (LOW) <input type="checkbox"/> H-1 HIGH HAZARD. <input type="checkbox"/> U UTILITY / MISC MIXED USES: <input type="checkbox"/> SEPARATED <input type="checkbox"/> NON-SEPARATED	<input type="checkbox"/> IA <input type="checkbox"/> IIB <input type="checkbox"/> IV <input type="checkbox"/> IB <input type="checkbox"/> IIIA <input type="checkbox"/> VA <input type="checkbox"/> IIA <input type="checkbox"/> IIIB <input type="checkbox"/> VB
<b>PROPOSED USE (RESIDENTIAL)</b>		<b>RESIDENTIAL</b> <i>(Complete for new buildings, additions &amp; alterations)</i>
<input type="checkbox"/> R-1 HOTELS <input type="checkbox"/> R-2 APARTMENTS <input type="checkbox"/> R-3 1 & 2 FAMILY (4 Stories +) <input type="checkbox"/> R-4 ASSISTED LIVING <input type="checkbox"/> 1- & 2-FAMILY (DETACHED) <input type="checkbox"/> 1- & 2-FAMILY (ATTACHED) <input type="checkbox"/> 1-FAMILY TOWNHOUSES <input type="checkbox"/> ACCESSORY STRUCTURE <input type="checkbox"/> FIREPLACE <input type="checkbox"/> OTHER _____	BUILDING DIMENSIONS NO. OF STORIES _____ BASEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO BLDG. HT. _____ BLDG WIDTH ____ BLDG DEPTH ____ NO. OF STORIES _____ TOTAL FLOOR AREA (EXCL. BASEMENT) _____	SINGLE FAMILY _____ TOTAL SINGLE FAMILY DWELLING UNITS _____ TOTAL NO. OF BEDROOMS TOTAL NO. OF BATHS _____ FULL _____ HALF
WATER SUPPLY <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE (Off-Site) <input type="checkbox"/> WELL (On-Site)	FLOOD HAZARD FLOOD ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO Elev. (MSL) of lowest floor (including Basement) _____ Elev. (MSL) of 100 year flood _____	MULTI-FAMILY _____ TOTAL NO. OF KITCHENS TOTAL NO. OF BATHS _____ FULL _____ HALF TOTAL NO. OF APARTMENTS BY BEDROOM _____ EFFIC.    _____ 2 BR    _____ 4 BR _____ 1 BR      _____ 3 BR      _____ 5 BR
		<b>RESIDENTIAL ELECTRICAL:</b> <input type="checkbox"/> 2009 IRC Electrical Chapters <input type="checkbox"/> 2011 NEC (NFPA 70)
		<b>RESIDENTIAL ENERGY CONSERVATION</b> <input type="checkbox"/> 2009 IECC PRESCRIPTIVE REQUIREMENTS <input type="checkbox"/> REScheck Evaluation Report

ESTIMATED COST (LABOR & MATERIALS)	
GENERAL COST	\$ _____
<i>SUB-TRADES (Do not include in the above cost)</i>	
ELECTRICAL	\$ _____
PLUMBING & PIPING	\$ _____
HEATING AND A/C	\$ _____
FIRE SUPPRESSION	\$ _____
ELEVATOR & OTHER	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

<b>APPROVED</b>	BO / ABO
_____	DATE

**PLEASE CHECK ALL APPLICABLE ITEMS AND ENTER ALL REQUESTED DATA. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION MAY DELAY THE REVIEW PROCESS.**

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of the property described herein and the undersigned agree to conform to all applicable laws, codes, and ordinances.

APPLICANT'S NAME (Print): \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TEL. NO. \_\_\_\_\_