

TOWN OF WATERTOWN BUILDING PERMIT APPLICATION

Z.C. NO.	PERMIT NO	C. OF O. NO
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PERMISSION IS HEREBY GRANTED TO:	OWNER:
OWNER:	
ADDRESS:	
TO ERECT A:	
LOCATION:	
BUILDING, STREET AND SIDE LOT TO BE AS CERTIFIED ON PLOT PLAN ON FILE	

APPLICANT	
COMPANY NAME:	LICENSE #
NAME:	PHONE #
ADDRESS:	
APPROVED BY:	DATE:

TYPE OF WORK	ESTIMATED COST	FEES	CONTRACTORS SIGNATURE	DESCRIPTION OF WORK							
FOUNDATION				USE GROUP	CITY W <input type="checkbox"/> WELL <input type="checkbox"/> WATER & SEWER SEPTIC <input type="checkbox"/> CITY S <input type="checkbox"/>	SIZE ____ X ____	FOUNDATION SIZE	FOOTING SIZE			
STRUCTURAL				TYPE CONSTRUCTION	AREA SQ. FT.	NO. ROOMS	GARAGE SIZE ____ X ____	NO FAMILIES			
PLUMBING				CEILING HEIGHTS:	CELLAR	1 ST	2 ND	WOOD DECK SIZE ____ X ____	WINGS ____ X ____		
HEATING				TUBS	SHOWER STALLS	LAV.	SINKS	CLOSETS	LAUNDRY ROOM	MISC	
AIR CONDITIONING				TYPE INSTALL	BOILER NAME	SIZE	BURNER NAME	NO. ZONES			
ELECTRIC WIRING				MAKE	SIZE	NO. ZONES					
ELECTRIC SERVICE				NO. OUTLETS	NO. CIRCUITS	SUB-PANELS					
DEMOLITION				TEMP <input type="checkbox"/> NEW <input type="checkbox"/>	AMPS	OUTSIDE DISCONNECT		GROUNDING WATER MAIN			
ROOF						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
TOTAL COST			TOTAL FEES	INSPECTIONS REQUIRED 860-945-5264							
BEFORE POURING FOOTING BEFORE BACKFILL FRAMING ELECTRICAL (INCLUDING SERVICE)				MECHANICAL INSULATION FIREPLACE ON COMPLETION (FOR C.O.)				Email:			
				ADDITIONAL REMARKS: CERTIFICATION: I hereby certify that [] I am the owner of record of the named property or [] 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 I 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. Signature in ink _____							