## **Building Permit Application**

Windsor Building Department 275 Broad St, Windsor CT 06095 860-285-1960 building@townofwindsorct.com

PERMIT:		
DATE:		

ADD	RESS OF WORK LOCATION	•					
		Permit	Type				
	<b>Residential Renovations</b>	☐ New Single Fam	ily	□ c	ommercial New		
	Roofing/Siding	Sq. Ft:		Sq. Ft:			
	Windows / Doors	Sq. Ft. garage:		☐ Commercial Renovation			
	Electrical	☐ Fire Sprinklers		Sq. Ft:			
	Plumbing	☐ Sign		□ C	ommercial Electrical		
	HVAC	□ Tent		☐ Commercial Plumbing			
	Deck	☐ Solar Residential		□ Co	Commercial HVAC		
	Pool / Hot Tub	☐ Solar Commercial		☐ Co	] Conveyor		
	Shed / Detached Garage	□ Demolition		☐ Ra	acking		
	UG tank removal	☐ Misc.		□ те	elecommunication Related		
Reta	Retail Market Value: \$ Fee: \$			Work start date:			
Owner:			Applicant:				
Address:			Address:				
City	y, State, ZIP		City, State,	ZIP			
Pho	one:		Phone:				
		License T	`ype:	No:	Exp:		
	il permit to:						
	issuance of said permit or the a s, standards, statutes and ordin		•	ee to be i	in compliance with all applicable		
Appli	cant's Signature:		Print Name:				
Zoniı	ng: Wetlands:	Worker's Comp	: FI	MO:	Blanket:		
Septi	Letter of Authorization:		Const. Type:_		Use Group:		
All Work per current CT State Building Code, CT Amendments & Windsor Zoning Regulations. Provide 48 hrs. notice for req'd inspections.							

Reviewed & Issued By:\_\_\_\_\_