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

## **Building Permit Application**

PERMIT #	
DATE:	

Date:\_\_\_

ADDRI	ESS OF
WORK	LOCATION:

WOR	IK LOCATION:						
		Permit	Type				
	Residential Renovations	☐ New Single Fami	ly	□ Commerc	ial New		
	Roofing/Siding	Sq. Ft:		Sq. Ft:			
	Windows / Doors	Sq. Ft. garage:		☐ Commercial Renovation			
	Electrical	☐ Fire Sprinklers		Sq. Ft:			
	Plumbing	□ Sign		☐ Commercial Electrical			
	HVAC	□ Tent		☐ Commercial Plumbing			
	Deck	☐ Solar Residential		☐ Commercial HVAC			
	Pool / Hot Tub	□ Solar Commercial		☐ Conveyor			
	Shed / Detached Garage	☐ Demolition		Racking	Racking		
	UG tank removal	☐ Misc.		Telecomm	nunication Rela	ated	
Reta	il Market Value: \$	Fee: \$	Che	ck#	Cash	Credit	
Owner: Address:			Applicant: Address:				
City, State, ZIP			City, State, ZIP				
Pho	ne:		Phone:				
Lice		License Type:	No:		Ехр:		
under or the a <b>Appli</b>	il permit to:stand that applying for this permit do approval of the Building Official. I agricant's ture:	oes not guarantee that it will ree to be in compliance with a	be issued, and no Il applicable codes, <b>Print</b>	standards, statutes,	& ordinances tha	t may pertain.	
	g: Wetlands:						
	:: Letter of Autho						
	All Work per current CT S	tate Building Code, CT Provide 48 hrs. notice			ning Regulatio	ons.	

Reviewed & Issued By: