

# Application for Permit

City of New London Building Division 860-447-5240

Check all that apply:

- |                                     |                                      |                                    |                                     |  |
|-------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Heating     | <input type="checkbox"/> Sprinkler | <input type="checkbox"/> 3+ Family  | <input type="checkbox"/> Interior Demolition |
| <input type="checkbox"/> Plumbing   | <input type="checkbox"/> Residential | <input type="checkbox"/> Building  | <input type="checkbox"/> 1-2 Family | <input type="checkbox"/> Other               |

Property Location (Address):

Property Owner:

Address:

Contact Phone:	Email:
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Contractor Name:

Contractor Address:

Registration # / License #:

Contact Phone:	Email:
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USE GROUP (\* indicates application requires Fire Marshal approval)

<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *
A-1	A-2	A-3	A-4	A-5	B	E	F-1	F-2	H-1	H-2	H-4	H-4	H-5	
<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *			
I-1	I-2	I-3	I-4	M	R-1	R-2	R-3	R-4	S-1	S-2	U			

Estimated Cost (\$)	Building Fee (\$)
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PROJECT TYPE (\* indicates application requires approval from Planning & Zoning)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition *      | <input type="checkbox"/> Alteration *                  | <input type="checkbox"/> Repair/Replacement |
| <input type="checkbox"/> Relocation       | <input type="checkbox"/> Change of Use * | <input type="checkbox"/> Designated Historic Structure |   |
- Is the structure within the 100-year flood plan?  Yes  No

DESCRIPTION OF WORK:

DOCUMENTS SUBMITTED:

- |  |  |   |  |                                |
|--|--|---|--|--------------------------------|
| <input type="checkbox"/> Zoning          | <input type="checkbox"/> Building Plans            | <input type="checkbox"/> Site Plans                       | <input type="checkbox"/> Building Sections                           | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health Dept     | <input type="checkbox"/> Reports                   | <input type="checkbox"/> Photographs                      | <input type="checkbox"/> Building Elevations                         |                                |
| <input type="checkbox"/> Correspondences | <input type="checkbox"/> Manufacturer's Literature | <input type="checkbox"/> Statement of Special Inspections | <input type="checkbox"/> Authorization of applicant other than owner |                                |

CERTIFICATION: I hereby certify that:

- I am the owner of record of the named property
- 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.

Signature :

Kirk Kripas, Building Official  
City of New London

Receipt Date Stamp