OR PART THEREOF  TOWN STATE ZIP  BASED ON YALUE OF CONSTRUCTION BUILDING OFFICIAL MAY REQUIRE AFFIDAVIT OF ACTUAL VALUE  OWNER  VALUE - FEE  REQUIREMENTS  ZONING HEALTH DEP FIRE MASHAL PLOT PLAN INSURANCE PROOF (W. C.) FEE AMOUNT HISTORICAL APPROVAL  TOWN STATE ZIP  LAST NAME FIRST NAME  TOWN STATE ZIP  APPLICANT  DEPARTMENT DECISION  TYPE OF BUILDING  APPLICATION TYPE  LAST NAME FIRST NAME  APPROVED  USE GROUP  NO. STREET NAME  TOWN STATE ZIP  DATE CODE OFFICIAL  BUILDER / CONTRACTOR INFORMATION  LAST NAME FIRST NAME  LICENSE OR REGISTRATION NUMBER AND CLASS  NO. STREET NAME  LICENSE OR REGISTRATION NUMBER AND CLASS  / / ( ) -  EXPIRATION DEPARTMENT DECISION  TOWN STATE ZIP  DATE CODE OFFICIAL  BUILDER / CONTRACTOR INFORMATION  LAST NAME FIRST NAME  LICENSE OR REGISTRATION NUMBER AND CLASS  / / ( ) -  EXPIRATION DATE  CONTRACTOR SIGNATURE  PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS	MAP BLOCK			
TOWN STATE ZIP BASED ON VALUE OF CONSTRUCTION BUILDING OFFICIAL MAY REQUIRE AFFIDAVIT OF ACTUAL VALUE  OWNER VALUE - FEE REQUIREMENTS  LAST NAME FIRST NAME  CONSTRUCTION VALUE  CONSTRUCTION VALUE  FIRE MARSHAL PLOT PLAN INSURANCE PROOF (W. C.)  HISTORICAL APPROVAL THIS FEE INCLUDES THE CT. EDUCATION FUND  LAST NAME FIRST NAME  APPLICANT  DEPARTMENT DECISION  APPLICAND STREET NAME  LAST NAME FIRST NAME  LICENSE OR REGISTRATION NUMBER AND CLASS  / / (		LOT .	FEE) \$200 IF POST-FACTO	BUILDINGELECTRICALPLUMBINGMECHANICAL
TOWN STATE ZIP  BASED ON VALUE OF CONSTRUCTION BUILDING OFFICIAL MAY REQUIRE AFFIDAVIT OF ACTUAL VALUE  OWNER  VALUE - FEE  REQUIREMENTS  ZONING HEALTH DEP FIRE MARSHAL PLOT PLAN INSURANCE PROOF (W. C.) HISTORICAL APPROVAL TOWN STATE ZIP  LAST NAME  THIS FEE INCLUDES THE CT. EDUCATION FUND  LAST NAME  APPLICANT  DEPARTMENT DECISION  APPLICANT  APPLICATION IS HEREBY LAST NAME  FIRST NAME  APPROVED DISAPPROVED DISAPPROVED  USE GROUP  NO. STREET NAME  TOWN STATE ZIP  DATE CODE OFFICIAL  BUILDER / CONTRACTOR INFORMATION  LAST NAME  FIRST NAME  FIRST NAME  LICENSE OR REGISTRATION NUMBER AND CLASS  / / ( ) - EXPIRATION DATE  CONTRACTOR SIGNATURE  PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS	NO. STRE	EET NAME		REPAIRALTERATION
LAST NAME FIRST NAME  CONSTRUCTION VALUE  FIRE MARSHAL PLOT PLAN INSURANCE PROOF (W. C.)  FEE AMOUNT  HISTORICAL APPROVAL  THIS FEE INCLUDES THE CT. EDUCATION FUND  APPLICANT  DEPARTMENT DECISION  TYPE OF BUILDING  APPLICATION IS HEREBY  LAST NAME  FIRST NAME  APPROVED  DISAPPROVED  DISAPPROVED  TOWN STATE ZIP  DATE CODE OFFICIAL  BUILDER / CONTRACTOR INFORMATION  LAST NAME  FIRST NAME  LICENSE OR REGISTRATION NUMBER AND CLASS  /	TOWN	STATE ZIP	BUILDING OFFICIAL MAY REQUIRE	
LAST NAME FIRST NAME    CONSTRUCTION VALUE	WO	VNER	VALUE - FEE	· REQUIREMENTS
NO. STREET NAME THIS FEE INCLUDES THE CT. EDUCATION FUND TWO SETS OF PLANS  APPLICANT DEPARTMENT DECISION TYPE OF BUILDING  APPLICATION IS HEREBY CONSTRUCTION TYPE LAST NAME FIRST NAME APPROVED USE GROUP NO. STREET NAME  TOWN STATE ZIP DATE CODE OFFICIAL  BUILDER / CONTRACTOR INFORMATION  LAST NAME FIRST NAME LICENSE OR REGISTRATION NUMBER AND CLASS NO. STREET NAME EXPIRATION DATE CONTRACTOR TELEPHONE  TOWN STATE ZIP CONTRACTOR SIGNATURE PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS	LAST NAME	FIRST NAME	8	FIRE MARSHAL PLOT PLAN
APPLICANT DEPARTMENT DECISION TYPE OF BUILDING  APPLICATION IS HEREBY  CONSTRUCTION TYPE  APPROVED  USE GROUP  DISAPPROVED  TOWN STATE ZIP DATE CODE OFFICIAL  BUILDER / CONTRACTOR INFORMATION  LAST NAME FIRST NAME  LICENSE OR REGISTRATION NUMBER AND CLASS  / / / ( )  EXPIRATION DATE CONTRACTOR TELEPHONE  TOWN STATE ZIP CONTRACTOR SIGNATURE  PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS			THIS FEE INCLUDES THE	FLOOD PLAIN APPROVAL
APPLICATION IS HEREBY  CONSTRUCTION TYPE  APPROVED  USE GROUP  DISAPPROVED  NO. STREET NAME  TOWN STATE ZIP  DATE CODE OFFICIAL  BUILDER / CONTRACTOR INFORMATION  LAST NAME FIRST NAME  LICENSE OR REGISTRATION NUMBER AND CLASS  / / ( ) -  EXPIRATION DATE CONTRACTOR TELEPHONE  TOWN STATE ZIP  CONTRACTOR SIGNATURE  PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS	ADDY		DEDADTMENT DECISION	
BUILDER / CONTRACTOR INFORMATION  LAST NAME FIRST NAME LICENSE OR REGISTRATION NUMBER AND CLASS  // / ( ) - EXPIRATION DATE CONTRACTOR TELEPHONE  TOWN STATE ZIP CONTRACTOR SIGNATURE  PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS			APPROVED	
LAST NAME FIRST NAME LICENSE OR REGISTRATION NUMBER AND CLASS  / / ( ) -  EXPIRATION DATE CONTRACTOR TELEPHONE  TOWN STATE ZIP CONTRACTOR SIGNATURE  PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS	TOWN	STATE ZIP	DATE CODE OFFICIAL	
NO. STREET NAME    CONTRACTOR TELEPHONE		BUI	LDER / CONTRACTOR INFORMA	TION
PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS			/ / /	()
	TOWN	STATE ZIP	CONTRACTOR	SIGNATURE
		PERMIT APPR	OVAL IS REQUIRED BEFORE ANY	WORK BEGINS
	EMARKS OR A E			

THIS IS TO CERTIFY THAT I AM THE OWNER OR AUTHORIZED AGENT FOR THE OWNER. ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE OWNER OF THE ABOVE DESCRIBED PROPERTY. AS THE APPLICANT I UNDERSTAND THAT A FINAL INSPECTION AND CERTIFICATE OF USE AND OR OCCUPANCY IS REQUIRED BEFORE OCCUPANCY OR USE.

		9		
PAID BY	CK NO:			
IMD DI.	CK IVO.			
		DATE	APPLICANT SIGNATURE	