TOWN	OF	COR	NWALI	L PERMIT	#
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	APPLICATION FOR PERMIT		
LOCATION OF JOB	FEE SCHEDULE	TYPE OF JOB	
MAP BLOCK LOT	\$30 FOR FIRST \$1,000 (MINIMUM FEE) \$10 FOR EACH ADDITIONAL \$1,000	CHECK ONLY ONE PER BOX	
	OR PART THEREOF	BUILDING ELECTRICAL	
		CRS NUMBER IF APPLICABLE	
	TENT PERMIT APPLICATION \$50	PLUMBING MECHANICAL	
NO. STREET NAME		☐ NEW ☐ ADDITION	
	BASED ON VALUE OF CONSTRUCTION	☐ REPAIR ☐ ALTERATION	
TOWN	BUILDING OFFICIAL MAY REQUIRE AFFIDAVIT OF ACTUAL VALUE	DEMOLITION CHANGE OF USE	
STATE ZIP	7	ADD VALUE	
OWNER	VALUE - FEE	PRIOR REQUIREMENTS	
FIRST NAME	CONSTRUCTION VALUE	☐ PLANNING & ZONING ☐ TAHD	
LAST NAME	FEE AMOUNT	☐ FIRE MARSHAL ☐ PLOT PLAN	
MAILING ADDRESS		☐ INSURANCE PROOF (WORKERS COMP)	
		THE THEORY WE WILL SEE THE TENTH OF THE TENT	
TOWN	THIS FEE INCLUDES THE CONNECTICUT	☐ HISTORICAL APPROVAL	
STATE ZIP	EDUCATION FUND		
E-MAIL ADDRESS	OWNER'S TELEPHONE NUMBER	☐ ONE SET OF PLANS/* DIGITAL PREFERRED	
4551104115		* bldginspection@cornwallct.gov	
APPLICANT	DEPARTMENT DECISION	TYPE OF BUILDING	
FIRST NAME	APPLICATION IS HEREBY	CONSTRUCTION TYPE	
LAST NAME	☐ APPROVED		
2.0110.012	☐ DENIED		
NO. STREET NAME	DATE BUILDING OFFICIAL	USE GROUP	
TOWN	BOLESING OTTICIAL		
STATE ZIP	1		
STATE ZIP	BUILDING/CONTRACTOR INFORMATION		
FIRST NAME	BOLDING, CONTRACTOR IN ORMATION	LICENSE OR REGISTRATION NUMBER & CLASS	
THOTTOWIL		EIGENSE ON REGISTRATION NOTIBER & CEASS	
LAST NAME		EXPIRATION DATE CONTRACTOR TELEPHONE	
MAILING ADDRESS		CONTRACTOR SIGNATURE	
TOWN			
STATE ZIP			
	PPROVAL IS REQUIRED BEFORE ANY W	ORK BEGINS	
REMARKS OR BRIEF DESCRIPTION OF WO			
BY THE OWNER OF THE ABOVE DESCRIBED PRO	JTHORIZED AGENT FOR THE OWNER. ALL WORK CO' PERTY. AS THE APPLICANT I UNDERSTAND THAT A FI OCCUPANCY IS REQUIRED BEFORE OCCUPANCY OR U		
PAID BY:	CK NO:	APPLICANT SIGNATURE	
	DATE:]	