

1 & 2 FAMILY BUILDING PERMIT APPLICATION

OFFICE USE ONLY
PERMIT#: _____
ENTRY DATE: _____

CITY OF MERIDEN
BUILDING DEPARTMENT
142 EAST MAIN STREET
MERIDEN, CT 06450

PHONE: (203) 630-4091
FAX: (203) 630-4093

NUMBER OF DWELLING UNIT: (1) _____ (2) _____

SIDING NUMBER OF SQUARES: _____ ****ONLY REQUIRED ON SIDING RELATED PERMITS****

DECK: ATTACHED _____ **DETACHED** _____ **POOL DECK** _____ ****ONLY REQUIRED ON DECK PERMITS****

ADDRESS OF PROJECT: _____

OWNER OF PROPERTY: _____ PHONE: _____

OWNERS ADDRESS: _____

CONTRACTORS NAME: _____ PHONE: _____

CONTRACTORS ADDRESS: _____

CONTRACTORS LICENSE NUMBER: _____ EST COST: _____

APPLICANTS EMAIL: _____

DESCRIPTION OF WORK: _____

CITY WATER: _____ CITY SEWER: _____ WELL: _____ SEPTIC: _____

A COPY OF WORKMANS COMPENSATION INSURANCE POLICY INCLUDED: YES ___ NO ___
IF "NO" PLEASE SUPPLY STATE ALTERNATIVE WORKERS COMPENSATION FORM 7A or 7B.

I hereby certify that the owner of record authorizes the proposed work, I have been authorized by the owner of record to make this application as an authorized agent, and we agree to conform to all the requirements of the laws and codes of the State of Connecticut.

APPLICANT NAME: _____ SIGN: _____ DATE: _____
XX

FOR OFFICE USE ONLY BELOW THIS LINE

SF: _____ X.42: \$ _____ (NEW UNFINISHED SPACE)
SF: _____ X.42: \$ _____ (NEW UNFINISHED SPACE)
SF: _____ X.85: \$ _____ (NEW FINISHED SPACE)
SF: _____ X.85: \$ _____ (NEW FINISHED SPACE)

PERMIT FEE: _____

STATE EDUCATION FEE: .26 per thousand: \$ _____

CO Fee: **\$50.00 (IF APPLICABLE)** YES _____ NO _____

TOTAL PERMIT FEE DUE: \$ _____

**** NO REFUNDS ON PERMIT FEES ****

DEPARTMENT SIGNOFF
TAX COLLECTOR: _____
DATE: _____