

All work done under this permit must comply with the State of Connecticut Building Code effective October 1, 2016 As Amended

APPLICATION FOR BUILDING PERMIT TOWN OF AVON

Tel. (860) 409-4316 • Fax (860) 409-4321
60 West Main Street, Avon, Connecticut 06001-3743

PERMIT NO _____

Application & Fee Received By: _____

LOCATION OF JOB (NO. & STREET)	GIS Parcel ID	ZONE	CONST. TYPE	USE GROUP	OCCUPANCY	CBYD
TITLE	ADDRESS (No., Street, Town, State, Zip)			TEL.	FAX	CELL
OWNER						
TENANT						
APPLICANT						
BUILDER	LICENSE #					
ARCHITECT	LICENSE #					
ENGINEER	LICENSE #					
INTERIOR DESIGNER	LICENSE #					
SPECIAL INSPECTOR	LICENSE #					
CONTACT PERSON						

PERMIT TYPE <input type="checkbox"/> Foundation <input type="checkbox"/> Building <input type="checkbox"/> Tenant Fitout <input type="checkbox"/> Sign <input type="checkbox"/> Change of Use <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Move Lot Line <input type="checkbox"/> Article 34 <input type="checkbox"/> Other _____	PROJECT TYPE <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Other _____ # _____ DWELLING UNITS SPRINKLERS Required <input type="checkbox"/> Yes <input type="checkbox"/> No Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Story Gross Sq. Ft.</td> <td style="text-align: center;">Use</td> <td style="text-align: center;">Occ.</td> <td style="text-align: center;">Occ. Load</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="4" style="text-align: center;">Total _____</td> </tr> <tr> <td colspan="4">Building Height _____ ft.</td> </tr> <tr> <td colspan="4">INS. _____ G.C.- H.O.- S.P., _____</td> </tr> </table>	Story Gross Sq. Ft.	Use	Occ.	Occ. Load	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Total _____				Building Height _____ ft.				INS. _____ G.C.- H.O.- S.P., _____				PERMIT FEE CALCULATION <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">Phase</td> <td style="text-align: center;">Est. Value</td> <td style="text-align: center;">Fee</td> </tr> <tr> <td>Const.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Pimg.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Mech.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Elect.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Spnklr.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Total</td> <td>_____</td> <td>_____</td> </tr> </table>	Phase	Est. Value	Fee	Const.	_____	_____	Pimg.	_____	_____	Mech.	_____	_____	Elect.	_____	_____	Spnklr.	_____	_____	Other	_____	_____	Total	_____	_____
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Septic <input type="checkbox"/> Y <input type="checkbox"/> N Sewer <input type="checkbox"/> Y <input type="checkbox"/> N Flood Zone <input type="checkbox"/> Y <input type="checkbox"/> N	Description of Work/Remarks: _____ _____ _____
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All work covered by this application has been authorized by the owner of this property or an authorized agent and will be done in compliance with all local, state and federal regulations. This permit shall lapse if work does not commence within 6 months.

Property Owner Signature _____ Date _____ Agent Signature _____ Date _____

PRE-APPROVAL BY OTHER AGENCIES <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Sign</td> <td style="text-align: center;">Date</td> <td style="text-align: center;">Sign</td> <td style="text-align: center;">Date</td> </tr> <tr> <td>Zoning _____</td> <td>_____</td> <td>Fire Marshal _____</td> <td>_____</td> </tr> <tr> <td>Wetland _____</td> <td>_____</td> <td>Water _____</td> <td>_____</td> </tr> <tr> <td>Town Eng. _____</td> <td>_____</td> <td>Sewerage _____</td> <td>_____</td> </tr> </table>	Sign	Date	Sign	Date	Zoning _____	_____	Fire Marshal _____	_____	Wetland _____	_____	Water _____	_____	Town Eng. _____	_____	Sewerage _____	_____	Plan Reviewed By _____ Date _____ APPROVAL CONSTITUTES ISSUANCE OF THIS BUILDING PERMIT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ Building Official _____ Date _____
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Zoning _____	_____	Fire Marshal _____	_____														
Wetland _____	_____	Water _____	_____														
Town Eng. _____	_____	Sewerage _____	_____														