

TOWN OF AVON - Building Department

60 West Main Street Avon Connecticut 06001-3743

Tel: 860.409.4316 Fax: 860.409.4321 Email: BuildingDept@town.avon.ct.us

All work done under this permit must comply with the 2005 Connecticut State Building Code effective

December 31, 2005 As Amended

APPLICATION FOR BUILDING PERMIT ONE OR TWO FAMILY DWELLING

Information MUST be provided in shaded areas

PERMIT NO. _____

Application and Fee Received By _____

LOCATION OF JOB (NO & STREET)		GIS No.	Zone	Const Type VB	Use Group IRC	Occupancy Residential	CBYD
TITLE		ADDRESS (No., Street, Town, State, Zip)			TEL	FAX	CELL PHONE
PROPERTY OWNER							
APPLICANT							
BUILDER	REGISTRATION #						
ARCHITECT/HOME DESIGNER	LICENSE #						
ENGINEER	LICENSE #						
CONTACT PERSON							
PERMIT - CHAPT 1	PROJECT TYPE - CHAPT 1		STORY		CHAPTER 2 Gross sq. ft.		FIRE SPRINKLERS <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Foundation <input type="checkbox"/> Residence <input type="checkbox"/> Garage <input type="checkbox"/> Deck <input type="checkbox"/> Pool <input type="checkbox"/> Shed <input type="checkbox"/> Other _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Change of Occupancy Other _____ # Dwelling Units _____		Bsmt. _____ 1st _____ 2nd _____ 3rd _____ Total _____ Building Height _____ ft		INSURANCE C.I. H.O. G.C. S.P.		PERMIT FEE CALCULATION
						Phase Est. Value Fee	
						Const _____	
						Elec. _____	
						Mech. _____	
						Plbg. _____	
						Spnklr. _____	
						Other _____	
						Total _____	
FRAMING JOIST CHAPTER 5 + 8				LOAD BEARING STUD CHAPTER 6			
Type Size Center Span Live Load Species Grade Sheathing				Grade Size Center Height Sheathing			
1st _____				_____			
2nd _____				_____			
3rd _____				_____			
Rafter _____				_____			
CHAPTER 4 FOOTING		PIER		FOUNDATION CHAPTER 4		DESCRIPTION OF WORK/ REMARKS	
Material _____		_____		Material _____			
Size _____		_____		Height of Unbalanced Fill _____			
Depth Below Grade _____		_____		Thickness _____		Water <input type="checkbox"/> <input type="checkbox"/>	
						Sewerage <input type="checkbox"/> <input type="checkbox"/>	
						Flood Zone <input type="checkbox"/> Y <input type="checkbox"/> N	
<p>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 become invalid if work does not commence within 180 days after issuance.</p>							
Property Owner Signature _____		Date _____		Agent Signature _____		Date _____	
						B. O. Witness _____	
						Date _____	
PRE-APPROVAL BY OTHER AGENCIES				APPROVAL CONSTITUTES ISSUANCE OF THIS ONE OR TWO FAMILY DWELLING PERMIT			
SIGN		DATE		SIGN		DATE	
Zoning _____		_____		Water _____		_____	
Wetland _____		_____		Sewerage _____		_____	
Town Eng. _____		_____		Other _____		_____	
Plan Reviewed By _____						Date _____	
<input type="checkbox"/> Approved as noted		<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved			
Building Official _____						Date _____	