

TOWN OF AVON - Building Department

60 West Main Street Avon Connecticut 06001-3743

Tel: 860.409.4316 Fax: 860.409.4321 Email: BuildingDept@avonct.gov

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 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
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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 <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 _____	PROJECT TYPE - CHAPT 1 <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 _____	STORY Bsmt. _____ 1st _____ 2nd _____ 3rd _____ Total _____ Building Height _____ ft	CHAPTER 2 Gross sq. ft. _____	FIRE SPRINKLERS <input type="checkbox"/> Y <input type="checkbox"/> N INSURANCE C.I. H.O. G.C. S.P.	PERMIT FEE CALCULATION <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Phase</th> <th style="width: 40%;">Est. Value</th> <th style="width: 50%;">Fee</th> </tr> </thead> <tbody> <tr> <td>Const</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Elec.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Mech.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Plbg.</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> </tbody> </table>	Phase	Est. Value	Fee	Const	_____	_____	Elec.	_____	_____	Mech.	_____	_____	Plbg.	_____	_____	Spnklr.	_____	_____	Other	_____	_____	Total	_____	_____
Phase	Est. Value	Fee																											
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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 Material _____ Size _____ Depth Below Grade _____	PIER _____	FOUNDATION CHAPTER 4 Material _____ Height of Unbalanced Fill _____ Thickness _____	Private Public Water <input type="checkbox"/> <input type="checkbox"/> Sewerage <input type="checkbox"/> <input type="checkbox"/> 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 become invalid if work does not commence within 180 days after issuance.

Property Owner Signature _____	Date _____	Agent Signature _____	Date _____	B. O. Witness _____	Date _____
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PRE-APPROVAL BY OTHER AGENCIES				APPROVAL CONSTITUTES ISSUANCE OF THIS ONE OR TWO FAMILY DWELLING PERMIT	
SIGN	DATE	SIGN	DATE	Plan Reviewed By _____	Date _____
Zoning _____	_____	Water _____	_____	<input type="checkbox"/> Approved as noted	<input type="checkbox"/> Approved
Wetland _____	_____	Sewerage _____	_____	<input type="checkbox"/> Disapproved	
Town Eng. _____	_____	Other _____	_____	Building Official _____	Date _____

Original - BUILDING DEPARTMENT

Copy - OWNER

Copy - APPLICANT

Copy - ASSESSOR