

# TOWN OF HADDAM BUILDING AND ZONING APPLICATION TEL# 860-345-8531

*\*YOUR APPLICATION TO THE BUILDING DEPARTMENT WILL NOT BE REVIEWED UNTIL ALL OTHER REQUIREMENTS HAVE BEEN COMPLETED.*

Permit Location \_\_\_\_\_  
Number Street Name

Owner's Name _____			
Mailing Address _____			
No.	Street	P.O. Box	
_____			
Town	State	Zip Code	
_____			

Phone # _____	Cell# _____
E-Mail: _____	
License # _____	
Phone # _____	Cell# _____
E-Mail: _____	

Applicant _____			
Mailing Address _____			
No.	Street	P.O. Box	
_____			
Town	State	Zip Code	
_____			

CONSTRUCTION: New \_\_\_\_\_ Alteration \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_ Demolition \_\_\_\_\_ Estimated Cost \_\_\_\_\_

BRIEF DESCRIPTION OF PROPOSED WORK: \_\_\_\_\_

PROPOSED NEW WORK	Total Sq. Ft. of New Work _____	No. of Stories _____	Building Height _____	Use Group _____	Construction Type _____
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SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL HEATING PLUMBING FIREPLACE MASONRY WELLS WELL PUMP & SEPTIC

OTHER APPROVALS OR REVIEWS REQUIRED/RECEIVED

- \_\_\_ Tax Collector \_\_\_\_\_
- \_\_\_ Zoning Dept. \_\_\_\_\_
- \_\_\_ Variance. \_\_\_\_\_
- \_\_\_ Health Dept. \_\_\_\_\_
- \_\_\_ Inland Wetlands \_\_\_\_\_
- \_\_\_ DW Bond/E&S Bond \_\_\_\_\_
- \_\_\_ Fire Marshal \_\_\_\_\_

Certification: I hereby certify that ( ) I am the owner of record of the named property or ( ) that the proposed work is authorized by the owner of record and/or. I have been authorized to make the application as an authorized agent, and we agree to conform to applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Owner _____	Date _____
Agent _____	Date _____

Is any work being done within 100 feet of a lake, pond, river, perennial stream and/or soil types designated as poorly drained, very poorly drained, alluvial and flood plain? YES ___ NO ___
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Would you like your building plans returned to you after issuance of a Certificate of Occupancy? YES ___ NO ___
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**OFFICE USE ONLY**

Building Permit # \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Lot Size \_\_\_\_\_ Zone \_\_\_\_\_

___ APPROVED ___ DISAPPROVED
Permit Fee Pd _____ Ck# _____ Zoning Permit# _____
Zoning Official _____ Date _____
Comments: _____

___ APPROVED ___ DISAPPROVED
Permit Fee Pd _____ Ck# _____
Building Official _____ Date _____
Comments: _____