

APPLICATION FOR BUILDING PERMIT – TOWN OF SHERMAN

PERMIT #: _____

STREET ADDRESS OF JOB: _____

TYPE OF JOB (CHOOSE ONE): Building _____ Electrical _____ Plumbing _____ Mechanical _____

TYPE OF JOB (CHOOSE ALL THAT APPLY): New _____ Addition _____ Repair _____
Alteration _____ Demo _____ Change of Use _____

PROPERTY OWNER: Last Name: _____ First Name: _____
Address: _____ Phone: _____

APPLICANT: Last Name: _____ First Name: _____
Address: _____ Phone: _____

BUILDER/CONTRACTOR INFORMATION License or Registration Number & Class: _____
Name: _____
Address: _____ Expiration Date: _____
Phone: _____

REMARKS OR A BRIEF DESCRIPTION OF WORK
PROPOSED: _____

****PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS****

CERTIFY THAT I AM THE OWNER OR AUTHORIZED AGENT FOR THE OWNER. ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE OWNER OF THE ABOVE DESCRIBED PROPERTY AND WILL BE PERFORMED ACCORDING TO THE CONNECTICUT BASIC BUILDING CODE. AS THE APPLICANT, I UNDERSTAND THAT A FINAL INSPECTION AND A CERTIFICATE OF USE OR OCCUPANCY IS REQUIRED.

APPLICANT SIGNATURE: _____ DATE: _____

Construction value: \$ _____ Fee: \$ _____
FEE SCHEDULE: \$30 for the first \$1000 (minimum fee), \$10 for each additional \$1000 or part thereof.
Post-Facto \$500 for research, Administration and Inspection Fees

BUILDING DEPT. USE ONLY

APPLICATION IS: APPROVED: _____ DENIED: _____

BLDG. OFFICIAL: _____ DATE: _____
REQUIREMENTS: Zoning _____ Health _____ Fire Marshall _____ Plot or Site Plan _____
Insurance Proof (WC) _____ Historical _____ Flood Plain _____ 2 Sets of Plans _____

TYPE OF BUILDING: Construction Type _____ Use Group _____

LOCATION OF JOB: Map _____ Block _____ Lot _____

CHECK#: _____ AMT: _____ FEE PAID BY: _____

Revised 12/15/17