

TOWN OF ROXBURY

PROCEDURE FOR OBTAINING A BUILDING PERMIT

APPLICANT INSTRUCTIONS: Print or type all parts of this form.
Plumbing, mechanical and electrical sections may be filled out by the
contractors at a later date.

PROPERTY INFORMATION

STREET ADDRESS

LOT #

OWNER INFORMATION

LAST NAME

FIRST NAME(S)

MAILING ADDRESS

PHONE #

CITY

STATE

ZIP CODE

APPLICATION DATE

/ /

Historic District

yes no

Flood Plain

yes no

APPLICANT

ADDRESS

PHONE #

ENGINEER

ADDRESS

PHONE #

ARCHITECT

ADDRESS

PHONE #

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 that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction.. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

DATE

*ST Education Fee per CT Gen Statues, Sec29-251c Public Act 07-110 shall be \$0.22 per\$1,000. Of construction value.
Effective 7-01-09*

IMPROVEMENT TYPE

<i>General Contractor</i>	<i>CODE USED:</i>	<i>NEC</i>	<i>IRC</i>
<i>Address</i>			
<i>Phone #</i>			
<i>License #</i>			
<i>Estimated Construction Cost</i>		<i>Date</i>	

<i>(check where applicable)</i>	<i>(circle)</i>	
<input type="checkbox"/> NEW CONSTRUCTION - home	shed	deck garage pool
<input type="checkbox"/> ADDITION - living space	utility	
<input type="checkbox"/> ALTERATION - structural	non-structural	
<input type="checkbox"/> DEMOLITION -		
<input type="checkbox"/> REPAIR /REPLACEMENT		

BUILDING INFORMATION

<i># STORIES</i>	<i># BEDROOMS</i>
<i>BLDG ABOVE GRADE</i>	<i># FULL BATHROOMS</i>
<i>BLDG AREA</i>	<i>#1/2 BATHROOMS</i>
<i>LIVING AREA</i>	<i># GARAGE BAYS</i>
<i>BASEMENT AREA</i>	<i>GARAGE AREA</i>
<i># FIREPLACES</i>	

STRUCTURE INFORMATION

<i>FOUNDATION TYPE - block</i>	<i>(circle where applicable)</i>			
	poured concrete	other	8"	10" 12"
<i>STRUCTURAL TYPE - masonry</i>	prefab/modular	wood	steel	
<i>SIDING TYPE - aluminum</i>	wood	vinyl	other	
<i>ROOFING TYPE - asphalt</i>	metal	slate	wood	other
Are any structural assemblies fabricated off-site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

ELECTRICAL

<i>Contractor</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>License #</i>	
<i>CRS #</i>	
<i>Estimated \$ Cost</i>	<i>Date</i>

(check where applicable)

NEW TEMPORARY CHANGE

TOTAL SERVICE _____ AMPS

CIRCUITS 2 WIRE _____ 3 WIRE _____ 4 Wire _____

Dedicated Loads	No		Dedicated Loads	No.	

LOW VOLTAGE – SECURITY SYSTEMS

<i>Contractor</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>License #</i>	
<i>Estimated \$ Cost</i>	<i>Date</i>
<i>(check where applicable)</i>	
SECURITY <input type="checkbox"/>	SMOKE <input type="checkbox"/>
<i>OTHER</i> <input type="checkbox"/>	
<i>Description</i>	

PLUMBING

<i>Contractor</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>License #</i>	
<i>Estimated \$ Cost</i>	<i>Date</i>

Enter the number of fixtures being installed, replaced or repaired

BIDETS	ROOF OPENINGS	TOILET
DISHWASHERS	SEWAGE EJECTORS	TUB/SHOWER
FLOOR DRAINS	SHOWER STALLS	WATER HEATER
GARBAGE DIS.	SINKS	WATER PUMPS
LAUNDRY TUB	SUMP PUMP	WATER SOFTENER
LAVATORIES	SWIMMING POOL	OTHER

Are there any fire sprinklers (Y / N), if yes, Number of heads

Are there any lawn sprinklers (Y / N), if yes, Number of heads

OTHER

<i>Contractor</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>Estimated \$ Cost</i>	<i>Date</i>

DESCRIPTION

-

MECHANICAL

<i>Contractor</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>License #</i>	
<i>Estimated \$ Cost</i>	<i>Date</i>

Enter the number of new or replacement units

A/C COMPRESSOR	COIL UNIT	HEAT PUMP
AIR CLEANER	ELECTRIC FURNACE	KITCHEN EXHAUST HOOD
AIR HANDLING UNIT	FORCED AIR FURNACE	SPACE HEATER
BOILER	GAS/OIL CONVERSION	SOLID FUEL APPLIANCE
Type of heating fuel: Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Other <input type="checkbox"/>		

OTHER

<i>Contractor</i>	
<i>Address</i>	
<i>Phone #</i>	
<i>License #</i>	
<i>Estimated \$ Cost</i>	<i>Date</i>

<i>Description</i>