

TOWN OF THOMPSON
DEPARTMENT OF BUILDING INSPECTION
815 RIVERSIDE DRIVE * N. GROSVENORDALE, CT. 06255
860-923-9002 * 860-923-9897 FAX

**APPLICATION FOR BUILDING PERMIT
AND PLAN EXAMINATION**

Date: _____

Permit No: _____

1. Street Address _____
2. Map _____ Block _____ Lot _____ Zone _____ Acres _____
3. Owner of Record _____ Phone _____
4. Address _____
5. Applicant _____ Phone _____
6. Address _____
7. Electrical Contractor _____ License # _____
8. Plumbing Contractor _____ License # _____
9. Sprinkler Contractor _____ License # _____
10. Heating/Cooling Contractor _____ License # _____
11. Architect/Engineer _____ Phone _____
12. Home Improvement/General Contractor _____
13. Phone _____ License # _____

Type of Activity _____

Estimated Project Cost \$ _____

Type of Work: Original Alteration Addition Repair Demolish

Proposed Use _____

Two or More Family _____ Number of Units _____

Floor Area ~ 1st Floor _____ 2nd Floor _____ Total _____

Type of Heat: Hot Water Hot Air Steam Electric Wood Other _____

Principal Type of Framing: Wood Concrete Steel Other _____

Type of Sewage: Private Public Number of Bedrooms _____

Type of Water Supply: Private Public

APPROVALS:

Septic (NDDH ~ TWPCA): Yes No Not Required

Wetlands: Yes No Not Required

Zoning: Yes No Not Required

Town Driveway: Yes No Not Required

State DOT: Yes No Not Required

Fire Marshal: Yes No Not Required

FEES:

Building Permit Fee \$ _____ (sq. ft. _____ x cost _____ x .01026)

State Education Fee \$ _____

Zoning Fee \$ _____

TOTAL DUE \$ _____

The owner of this building and the undersigned agree to conform to the State of Connecticut Basic Building Code and the laws of this jurisdiction and to notify the Building Official of any changes in plans for which this permit is requested.

Signature of Applicant

Date

Signature of Building Official

Date

10/1/07