

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	

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

Phone # _____
E-Mail: _____
Cell# _____

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

CONSTRUCTION: New _____ Alteration _____ Addition _____ Repair _____ Demolition _____ Estimated Cost _____

BRIEF DESCRIPTION OF PROPOSED WORK: _____

PROPOSED	Total Sq. Ft.	No. of	Building	Use	Construction
NEW WORK	of New Work _____	Stories _____	Height _____	Group _____	Type _____

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING, PLUMBING, FIREPLACE/MASORNY, WELL, WELL PUMP & SEPTIC

OTHER APPROVALS OR REVIEWS REQUIRED/RECEIVED

DATE

___ Tax Collector _____

___ 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 _____

Would you like your building plans returned to you after issuance of a Certificate of Occupancy?

YES _____ NO _____

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: _____	

White: Building Department

Pink: Assessor