

BUILDING PERMIT APPLICATION



Andrew J. Rizzo, Jr.
Building Official

City of New Haven
Building Department

200 Orange Street
New Haven, Connecticut 06510
Telephone (203) 946-8045 – Fax (203) 946-8049



John DeStefano, Jr.
Mayor

1) Today's Date: _____ Address of Work Location _____

2) Please check one of the following boxes to indicate the type of work being done:

- | | |
|--|---|
| <input type="checkbox"/> Create a new structure | <input type="checkbox"/> Demolish existing Structure |
| <input type="checkbox"/> Combine existing structures | <input type="checkbox"/> Other Please explain: _____ |
| <input type="checkbox"/> Non-structural repair, alteration, or upgrade | _____ |

3) Is this a new address?

- YES If yes, please provide Map, Block, and Lot from your E-2 slip.
- NO If no, skip to step 4

Map _____ Block _____ Lot _____

4) General (brief) overall description of work being done: _____

5) Owner Name: _____ 6) Owner Phone: _____

7) Owner Address: _____

8) Applicant Name: _____ 9) Applicant Phone: _____

10) Applicant Address: _____

11) Contractor: _____ 12) Contractor Phone: _____

13) Contractor Address: _____

14) Home Improvement License # _____

15) Architect: _____ 16) Architect Phone: _____

17) Architect Address: _____

Estimated Cost of Job: \$ _____

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- | | | | |
|------------------------------------|--|------------------------------------|--|
| Flood Zone | <input type="checkbox"/> YES <input type="checkbox"/> NO | Certificate of Occupancy | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Threshold Review Required | <input type="checkbox"/> YES <input type="checkbox"/> NO | Certificate of Approval | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| As-Built Site Plan Required | <input type="checkbox"/> YES <input type="checkbox"/> NO | Special Inspection Required | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | Asbestos Report | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Design Occupant Load _____

Building Official Comments: _____

CO / CA Fee: \$ _____

Permit Fee: \$ _____

Penalty: \$ _____

Total Fees: \$ _____

Taxes Paid? Yes No Plans: Yes No Attached Coop

Workers' Compensation Certificate Owner/Sole Proprietor Affidavit

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Work Category

- New Construction, Residential
- New Construction, Mixed Use
- New Construction, Non-Residential
- Rehab, Residential
- Rehab, Non-Residential
- Rehab, Mixed use

Legal Occupancy

Use at Present: _____

To Be Used For: _____

Construction Class: _____ Use Group: _____

Zoning

Zone: _____ By: Right Special Exc Variance Bd. Of Ald. Other _____

Special Conditions

- Historical District
- Airport District
- Exemption
- Coastal Mmt. Area
- Flood Plain District

Reviewed and Approved by: _____

Sign-Off Approvals

| Department | Date | By Whom | Department | Date | By Whom |
|---------------------------------|------|---------|-------------------------|------|---------|
| 1) Engineer-Sewer | | | 5) Health | | |
| 2) Fire Marshal | | | 6) W.P.C.A. | | |
| 3) City Plan | | | 7) Tax Collector | | |
| 4) Traffic & Parking | | | 8) Other | | |

Department Comments:

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 this application as an authorized applicant, and we agree to conform to all applicable laws, regulations, and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

X _____ Date: ___ / ___ /20

Signature of Owner/Authorized Applicant

Reviewed for Code Compliance by: _____ Date: ___ / ___ /20

Notarized by: _____ Date: ___ / ___ /20

All electrical, plumbing, heating and air conditioning require separate permits