

Receipt no. _____
[] check No. _____ [] Cash

BUILDING PERMIT APPLICATION
Town of Wethersfield

Permit No. _____
App. Date _____

Address of Work _____ Parcel no. _____
Owner _____ Address _____
City _____ State _____ Zip Code _____ Phone _____
Owner's email _____ Residential Commercial Zone _____
Est. Cost \$ _____ Contractor/Agent _____ Address _____

Permit Fee \$ _____	City _____	State _____	Zip Code _____
State Fee \$ _____	Phone _____	Email Address _____	
Occupancy Fee \$ _____	Contractor License No. _____		
Total Fee \$ _____	Net area _____	No. of Family _____	No. Story _____
	Use Group _____	Construction Type _____	Size of Lot _____

Description of Work _____

NOTE: A MINIMUM (30) DAYS NOTICE TO THE BUILDING DEPARTMENT PRIOR TO THE DATE WHEN A CO IS DESIRED IS REQUIRED SO SITE INSPECTIONS CAN BE SCHEDULED. ALL SUPPORTING DOCUMENTS MUST BE PROVIDED. AGENTS/ CONTRACTORS SIGNATURE INDICATES OWNER'S APPROVAL.

Signature _____ Printed Name _____

- Planner Eng. HDC Health F.M Wet Zoning