

Receipt no. \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

Permit No. \_\_\_\_\_

[ ] check No. \_\_\_\_\_ [ ] Cash

**Town of Wethersfield**

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 \$ \_\_\_\_\_ Net area \_\_\_\_\_ No. of Family \_\_\_\_\_ No. Story \_\_\_\_\_

Total Fee \$ \_\_\_\_\_ Use Group \_\_\_\_\_ Construction Type \_\_\_\_\_ Size of Lot \_\_\_\_\_

Description of Work \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

- Planner
- Eng.
- HDC
- Health
- F.M
- Wet
- Zoning

**Agents/ Contractors signature indicates owner's approval**