

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 \$ _____ 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. AGENTS/ CONTRACTORS SIGNATURE INDICATES OWNER'S APPROVAL

Signature _____

Printed Name _____

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