



**APPLICATION FOR PERMIT
TOWN OF NORTH BRANFORD
909 FOXON ROAD
PHONE:(203)484-6008/FAX(203)484-6018
NORTH BRANFORD, CT 06471**

NOTES: ORIGINAL PERMITS ACCEPTED ONLY. FAX OR E-MAILED COPIES WILL NOT BE ACCEPTED. MUST CALL AT LEAST 48 HOURS IN ADVANCE FOR INSPECTIONS. PHOTOGRAPHS WILL NOT BE ACCEPTED IN LIEU OF INSPECTIONS.

PLEASE PRINT OR TYPE		PERMIT # WILL BE ISSUED UPON APPROVAL			
DATE OF APPLICATION		PERMIT #	TYPE		
PROPERTY LOCATION/STREET ADDRESS		MAP NO.	LOT NO. LIST NO.		
TAX DEPARTMENT SIGN OFF:	CURRENT: <input type="checkbox"/> Yes <input type="checkbox"/> No	DUE: <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials: _____ Date: _____		
TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public (city sewers) or private company <input type="checkbox"/> Private (septic system)		TYPE OF WATER SUPPLY: <input type="checkbox"/> Public (city water) or private company <input type="checkbox"/> Private (well, cistern)			
OWNER'S NAME (AS IT APPEARS IN THE LAND RECORDS)					
HOME PHONE #	WORK/OFFICE PHONE #	CELL PHONE #	FAX #		
APPLICANT'S NAME					
APPLICANT'S ADDRESS		TOWN/CITY	STATE ZIP CODE		
HOME PHONE #	WORK/OFFICE PHONE #	CELL PHONE #	FAX #		
CONTRACTOR/GENERAL CONTRACTOR		LICENSE OR REGISTRATION #			
PERMIT TYPE AND ESTIMATED COST OF WORK TO BE PERFORMED	TYPE OF PERMIT (CHECK ONE) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial				
	IS THIS PROPERTY LISTED AS A HISTORICAL BUILDING <input type="checkbox"/> YES <input type="checkbox"/> NO _____				
	<input type="checkbox"/> BUILDING <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> TENANT FITOUT <div style="text-align: right;">ESTIMATED COST: _____</div>				
PROJECT TYPE:	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REPAIR/REPLACEMENT <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> ADDITION <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> OTHER <input type="checkbox"/> ALTERATION <input type="checkbox"/> RELOCATION				
CONSTRUCTION TYPE: Per Chapter 3 of International Building Code	<input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 4 <input type="checkbox"/> 5A <input type="checkbox"/> 5B				
USE GROUP(S): Per Chapter 6 of International Building Code	<input type="checkbox"/> A-1 <input type="checkbox"/> B <input type="checkbox"/> H-1 <input type="checkbox"/> I-1 <input type="checkbox"/> R <input type="checkbox"/> S-1 <input type="checkbox"/> A-2 <input type="checkbox"/> E <input type="checkbox"/> H-2 <input type="checkbox"/> I-2 <input type="checkbox"/> R-1 <input type="checkbox"/> S-2 <input type="checkbox"/> A-3 <input type="checkbox"/> F-1 <input type="checkbox"/> H-3 <input type="checkbox"/> I-3 <input type="checkbox"/> R-2 <input type="checkbox"/> A-4 <input type="checkbox"/> F-2 <input type="checkbox"/> H-4 <input type="checkbox"/> I-4 <input type="checkbox"/> R-3 <input type="checkbox"/> U <input type="checkbox"/> A-5 <input type="checkbox"/> H-5 <input type="checkbox"/> M <input type="checkbox"/> R-4 <input type="checkbox"/> IRC				
MIXED USE:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SEPARATED <input type="checkbox"/> NONSEPARATED				
HEIGHT OF BUILDING:		TOTAL SQUARE FEET OF BUILDING:			
Stories: _____	Feet: _____				
LIST BELOW THE GROSS SQUARE FOOTAGE OF EACH STORY, ABOVE AND BELOW GRADE:					
<u>EXISTING</u>		<u>PROPOSED</u>		<u>TOTAL</u>	
Story	Area in Sq. Ft.	Story	Area in Sq. Ft.	Story	Area in Sq. Ft.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

