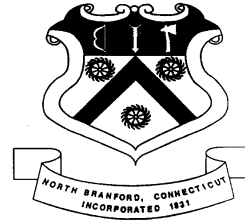


**BUILDING PERMIT APPLICATION**  
**Roofing / Siding / Windows**  
**Town of North Branford Building Department**  
 909 Foxon Road North Branford, Connecticut 06471  
 Phone (203) 484-6008 Fax (203) 484-6018



**LINES 1 – 10 MUST BE COMPLETED FOR THIS APPLICATION TO BE ACCEPTED**

1.) Application Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2.) Address of Work Location: \_\_\_\_\_

3.) Map Lot \_\_\_\_\_ List No. \_\_\_\_\_ Zoning \_\_\_\_\_

4.) TAX	Current: _____	Due: _____	Initials: _____	Date: _____
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5.) Please check one of the following boxes to indicate the **type of work** being done:  
 Roofing                       Siding                       Windows                       Insert (Fireplace/Woodstove)

Is roof being stripped? \_\_\_\_\_ How many layers? \_\_\_\_\_ # of Square (Roof/Siding) \_\_\_\_\_

6.) **General description** of work being done: \_\_\_\_\_  
 \_\_\_\_\_

7.) **Owner** Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_

8.) **Applicant** Name: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_

9.) **Contractor** Name: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_  
 Contractor Address: \_\_\_\_\_

\*\*\*\* **Home Improvement License No.:** \_\_\_\_\_ (copy License and Insurance / attach to application)

10.) **Estimated Cost of Job:**     \$ \_\_\_\_\_

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 be best of my knowledge and belief.

X \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Signature of Applicant

*For Office Use Only*

**Construction Class:** \_\_\_\_\_ **Use Group:** \_\_\_\_\_

**Building Official :X** \_\_\_\_\_ **Date:** \_\_\_\_\_

Special Inspection required  Yes  No

**BUILDING DEPARTMENT** ..... \$ \_\_\_\_\_

**STATE EDUCATION FEE: (\$ .26 PER \$1,000.)** ..... \$ \_\_\_\_\_

**CERTIFICATE OF OCCUPANCY CODE COMPLIANCE** ..... \$ \_\_\_\_\_

**MICROFILM:** ..... \$ \_\_\_\_\_

**TOTAL FEES COLLECTED FOR PERMIT:** ..... \$ \_\_\_\_\_

Fees Collected: Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_