



The City of Waterbury
DEPARTMENT OF INSPECTION
 26 Kendrick Ave. 1st floor
 Waterbury, CT 06702
 (203) 574-6832

PERMIT NUMBER:

Date: _____

Application for Building Permit

PLEASE PRINT LEGIBLY

Applicant:
 Name: _____
 Address: _____
 City/State/Zip: _____

LOCATION OF WORK:

Registration Number: _____
 Phone Number: _____

WHAT ARE YOU BUILDING? (describe in detail)

Owner:
 Name: _____
 Address: _____
 City/State/Zip: _____

Architect:
 Name: _____
 Address: _____
 City/State/Zip: _____

(MUST CHECK ONE) PROPOSED USE EXISTING USE

Commercial Residential # family _____
 Industrial Temporary Structure
 Hospital Other: _____
 Restaurant (contact WPCA re: grease interceptors @574-8265)

Flood Plain? Yes No If yes, attach form **CODE**
Plan(s) on file? Yes No **IEBC**
Enterprise Zone? Yes No **IBC**
Bldg Sprinkled? Yes No Proposed **IRC**

Per provisions of the State of Connecticut Basic Building Code:

- Group _____ in accordance with provisions of Article 3.
- Construction Classification: _____
- Maximum Live Loads (p.s.f.): 1st floor _____ 2nd floor _____
 3rd floor _____ roof _____
- Other Uses, Descriptions: _____

ESTIMATED COST: \$ _____

Start Work Date: _____
 Zone: _____

I hereby certify that the proposed work is authorized by the owner or record and that I have been authorized by the owner to make this application as an authorized agent and we agree to conform to all applicable laws of this jurisdiction.

PRINT NAME: _____

SIGNATURE: _____

Do not write below this line - For Office use Only

Required?	Department	Signature
<input type="radio"/> Yes <input type="radio"/> No	Zoning	_____
<input type="radio"/> Yes <input type="radio"/> No	Engineering	_____
<input type="radio"/> Yes <input type="radio"/> No	City Plan	_____
<input type="radio"/> Yes <input type="radio"/> No	Fire Marshal	_____
<input type="radio"/> Yes <input type="radio"/> No	Inland/Wetland	_____

Required?	Department	Signature
<input type="radio"/> Yes <input type="radio"/> No	Health	_____
<input type="radio"/> Yes <input type="radio"/> No	Traffic	_____
<input type="radio"/> Yes <input type="radio"/> No	Del Tax (allow 10 days)	_____
<input type="radio"/> Yes <input type="radio"/> No	Water	_____
<input type="radio"/> Yes <input type="radio"/> No	W.P.C.	_____

Permit Fee: \$ _____
 State Ed Fee: \$ _____
 CO: \$ _____
 Penalty Fee: \$ _____
TOTAL \$ _____

Date Issued: _____
 Issued By: _____
 Reviewed By: _____

