



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

PERMIT NUMBER:

Application for Siding Permit

Date: _____

PLEASE PRINT LEGIBLY

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

LOCATION OF WORK:

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

License Number: _____
 Phone Number: _____

Size of Building: Front: _____ Rear: _____ Wide: _____ Stories: _____
 Any enclosures or additions: _____ Size: _____
 Building used as:
 Commercial
 Industrial
 Residential-----How many families?: _____
 Distance from Street Line: _____ From Building Line is: _____
 Type of Siding: _____
 Material used beneath siding: _____
 Type of fastener: _____ Ground conductor size: _____
 Connected to: _____ Permit bond required? Yes No

ESTIMATED COST: \$ _____

The undersigned hereby makes application for a permit to apply siding according to the following detailed statement of the specifications. All provisions of the State of Connecticut Basic Building Code shall be complies with in applying siding to said building whether specified herein or not.

PRINT NAME: _____ **SIGNATURE:** _____

Do not write below this line - For Office use Only

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

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

