ESTIMATED COST $_____

TOWN OF WATERFORD, CT - BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT

ROOFING, SIDING, REPLACEMENT WINDOWS, FLOORS, FIREPLACE, WOOD STOVES

LOCATION INFORMATION:

Property Address_____**Unit #**_____**Waterford**_____**Quaker Hill**_____

Owner _____**Leasee**_____**Telephone # (   )**_____

Address_____
<div align="center">Street   City/Town   State   Zip Code</div>

CONTRACTOR/AGENT INFORMATION:

Contractor/Agent_____**Telephone # (   )**_____

Address_____
<div align="center">Street   City/Town   State Zip Code</div>

Contractors License #_____**Expiration Date**_____

Workers Compensation insurance submitted? YES_____ **NO**_____**Affidavit YES**_____ **NO**_____

PERMIT REQUEST:

Purpose of Permit_____

_____

_____

The owner of the above property guarantees that all the applicable requirements of the Town of Waterford, Zoning Regulations, CT Basic Building Code and the CT Public Health Code in so far as they apply to the design, erection and location of the building described in this application will be strictly complied with. And also authorizes the Planning & Zoning Commission, Building and Health Department and its staff to enter upon the property in question for the purpose of inspection and enforcement with regard to all of the above requirements.

Property Owner Signature_____ **Date**_____

Printed Owner's Name_____ **Email Address** _____

Contractor/Agent_____ **Date**_____

Printed Contractor/Agent Name_____ **Email Address** _____

I hereby certify that the proposed work is authorized by the owner in fee and I have been authorized by the owner to make this application as his authorized agent.
****
OFFICE USE ONLY   TC [   ]   UC [   ]

BUILDING PERMIT NUMBER _____

FEE $_____   **Final Inspection Date: _____**

STATE FEE $_____   **Inspector: _____**

TOTAL $_____

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