

# APPLICATION FOR BUILDING PERMIT - TOWN OF KENT

PERMIT #: \_\_\_\_\_

STREET ADDRESS OF JOB: \_\_\_\_\_

TYPE OF JOB (CHOOSE ONE): Building \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_

TYPE OF JOB (CHOOSE ALL THAT APPLY):  
New \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_  
Alteration \_\_\_\_\_ Demo \_\_\_\_\_ Change of Use \_\_\_\_\_

PROPERTY OWNER: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

APPLICANT: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

BUILDER/CONTRACTOR INFORMATION: License or Registration Number & Class: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

REMARKS OR A BRIEF DESCRIPTION OF WORK PROPOSED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS \*\***

I CERTIFY THAT I AM THE OWNER OR AUTHORIZED AGENT FOR THE OWNER. ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE OWNER OF THE ABOVE DESCRIBED PROPERTY AND WILL BE PERFORMED ACCORDING TO THE CONNECTICUT BASIC BUILDING CODE. AS THE APPLICANT, I UNDERSTAND THAT A FINAL INSPECTION AND A CERTIFICATE OF USE OR OCCUPANCY IS REQUIRED.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Construction value: \$ \_\_\_\_\_ Fee: \$ \_\_\_\_\_

FEE SCHEDULE: \$20 for the first \$1,000 (minimum fee), \$6 for each additional \$1,000 or part thereof.  
Post-Facto of \$100 for research, administration and inspection fees

## BUILDING DEPT. USE ONLY

APPLICATION IS: APPROVED:  DENIED:

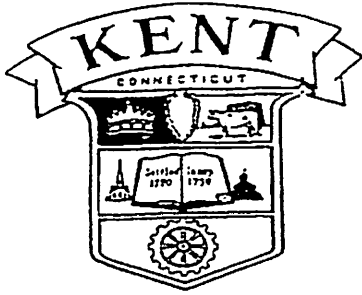
BLDG. OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUIREMENTS: Zoning \_\_\_\_\_ Health \_\_\_\_\_ Fire Marshall \_\_\_\_\_ Plot or Site Plan \_\_\_\_\_  
Tax Collector \_\_\_\_\_ Insurance Proof (WC) \_\_\_\_\_ Historical \_\_\_\_\_ Flood Plain \_\_\_\_\_ 2 Sets of Plans \_\_\_\_\_

TYPE OF BUILDING: Construction Type \_\_\_\_\_ Use Group \_\_\_\_\_

LOCATION OF JOB: MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

CHECK #: \_\_\_\_\_ AMT: \_\_\_\_\_ FEE PAID BY: \_\_\_\_\_



**TOWN OF KENT, CONNECTICUT 06757**

41 Kent Green Boulevard  
P. O. Box 311  
Kent, CT 06757-0678  
(860) 927-3269  
Fax (860) 927-4541

To All Building Permit Applicants  
Effective 5/11/96

In accordance with Public Act No. 95-320, Amending Connecticut General Statute 7-148 and TOWN OF KENT ORDINANCE CONCERNING APPROVAL OF BUILDING PERMITS FOR PROPERTY ON WHICH TAXES ARE DUE, the Building Department shall withhold approval of building permits for any property where taxes are delinquent, unless, the Building Official determines that repairs should be performed immediately to protect the safety of either the building's occupant or the public.

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**TO BE COMPLETED BY APPLICANT**

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Owner of Property

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Address of Property

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Tax I.D.#

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Map

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Block

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Lot#

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**TO BE COMPLETED BY THE TAX COLLECTOR**

I certify that there are no taxes delinquent on the above referenced property on this date.

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Date

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Tax Collector/Assistant Tax Collector



State of Connecticut  
Workers' Compensation Commission

7B

Please TYPE or PRINT IN INK

**Proof of Workers' Compensation Coverage when Applying for  
a Building Permit for the Sole Proprietor or Property Owner  
who WILL act as General Contractor or Principal Employer**

**APPLICANT FOR BUILDING PERMIT**

Name of Applicant for Building Permit \_\_\_\_\_

Property located at \_\_\_\_\_

in the City / Town of \_\_\_\_\_

**ATTEST:**

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL act as the general contractor or principal employer, you must provide proof of workers' compensation insurance coverage for all employees.

Complete this form and sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

\_\_\_\_\_ I am the **OWNER** of the above-named property or the **SOLE PROPRIETOR** of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance coverage, but I will attest to the following:

**AFFIDAVIT**

**I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.**

Signature of OWNER or SOLE PROPRIETOR Applicant \_\_\_\_\_

Name of Business—if applicable \_\_\_\_\_

Federal Employer ID# (FEIN)—if applicable \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Signature of Notary Public / Commissioner of the Superior Court \_\_\_\_\_