APPLICATION FOR BUILDING PERMIT - TOWN OF KENT

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:

Name: ____________________________ License or Registration Number & Class: ____________________________

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: __________________________

Revised 12/17
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.

TO BE COMPLETED BY APPLICANT

Owner of Property

Address of Property

Tax I.D.#       Map       Block       Lot#

TO BE COMPLETED BY THE TAX COLLECTOR

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

Date       Tax Collector/Assistant Tax Collector
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 ____________________________________________