

BUILDING DEPARTMENT
10 MAIN ST.
NEW MILFORD, CT. 06776
PHONE # (860) 3556090
FAX # (860) 2102664

PERMIT # _____
ISSUE DATE: _____

APPLICATION FOR BUILDING PERMIT FOR **ADDITIONS & ALTERATIONS**

ALL APPLICATIONS TO BE PRINTED

PLEASE CHECK ONE: OWNER OWNERS AGENT CONTRACTOR

**** PLEASE NOTE: IF THIS APPLICATION IS MADE BY A PERSON OTHER THAN THE OWNER IN FEE, IT SHALL BE ACCOMPANIED BY AN AFFIDAVIT OF THE OWNER OR A SIGNED STATEMENT OF THE APPLICANT WITNESSED BY THE BUILDING OFFICIAL OR SUCH OFFICIALS DESIGNEE TO THE EFFECT THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER IN FEE AND THAT THE APPLICANT IS AUTHORIZED TO MAKE SUCH APPLICATION. IF THE AUTHORIZED AGENT IS A CONTRACTOR, THE PROVISIONS OF SECTION 20-338B OF THE CONNECTICUT GENERAL STATUTES SHALL BE FOLLOWED. THE FULL NAMES AND ADDRESSES OF THE OWNER, AGENT AND THE RESPONSIBLE OFFICER, IF THE OWNER OR AGENT IS A CORPORATION BODY, SHALL BE STATED IN THE APPLICATION.**

APPLICANT NAME: _____ PHONE # _____

ADDRESS OF WORK TO BE PERFORMED _____

APPLICANT / OWNERS SIGNATURE _____

CONTRACTORS ADDRESS _____ LICENSE# _____

WORKER COMPENSATION: YES NO

(IF NO PLEASE SIGN WORKERS COMPENSATION WAIVER LOCATED ON BACK OF APPLICATION)

EMAIL ADDRESS _____

(PERMIT WILL BE EMAILED TO THIS ADDRESS-PERMIT WILL NOT BE MAILED)

PROJECT TYPE: ADDITION ALTERATIONS REPAIRS/REPLACEMENTS SHED
 CHANGE OF USE DECKS/PORCHES FINISH BASEMENT

*** IS STRUCTURE WITHIN THE 100 YEAR FLOOD PLAIN: YES NO

*******BUILDING INFORMATION*******

MIXED USE: YES NO SEPERATED NONSEPARATED

HEIGHT OF BUILDING: STORIES ____ FEET ____ TOTAL SQ.FT. OF BUILDING _____

LIST BELOW THE GROSS SQUARE FOOTAGE OF EACH STORY, ABOVE AND BELOW GRADE:

STORY 1: AREA IN SQ. FT. _____ STORY 2: AREA IN SQ.FT. _____ STORY 3: AREA IN SQ.FT. _____

DESCRIBE PROJECT BRIEFLY:

VALUATION OF WORK \$ _____ FEE _____

Town Of New Milford Permit & Approval Requirements

Applicant Name:

Location/ Address:

According to Public Act 96-216 Proof of Worker's Compensation or signed waiver must be provided to the Building Department.

Office	Signature	Date
Tax Collector Ground Floor		
Zoning Dept. Basement		
Health Second Floor		
Sewer West St.		
Inland/Wetlands Basement		
Building Dept. Second Floor	Last stop after all the above have signed off & the building permit application has been completed.	