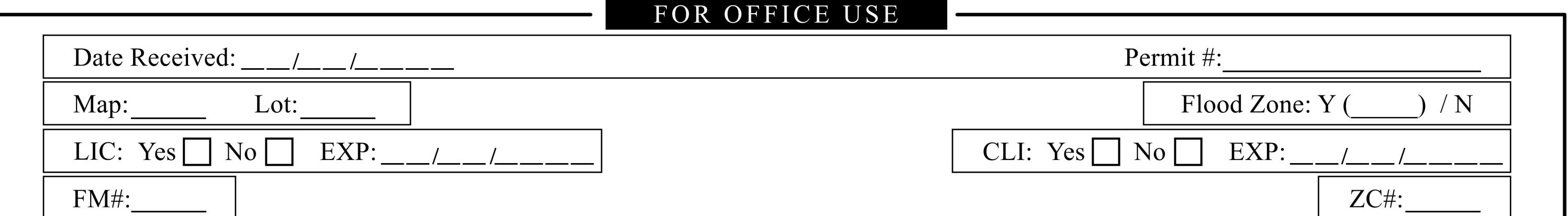


TOWN OF OLD SAYBROOK

Building Department

www.oldsaybrookct.gov 302 Main Street Old Saybrook, CT 06475 (860) 395-3130



	Permit Fee Paid: \$	Payment Type: Ch	neck	Cash Card	Reference #:	
Where will	the work take place?	BEGIN A	APPLICAT	ION BELOW		
	y Address:					Old Saybrook, CT 06475
This proper Resider		Name of Business	S:			
How	v much will this job cost, including parts and labor?			Please Note: Work must begi	in within 180 calendar days. Site pla	n must be included for all new construction.
Co	onstruction Costs:					
Im	provement: <u>\$</u>			R	oofing:	
Ele	ectrical: $\underline{\$} \longrightarrow C$	RS #:		#	of Squares:	
Plı	umbing: <u>\$</u>			R	IP? Yes No	

Heating/AC: <u>\$</u>	
-----------------------	--

Total	Valuation:	\$

Property Owner/Lessee:

Mailing Address:

		City	State	Zip
Email Address:	Phone #:			

Contractor Name & Company:

Mailing Address:			
Email Address:	City Phone #:	State Zip	
License Number:			

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as her/his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce provisions of the code(s) applicable to such permit.

Any application for which a permit has not been issued within 180 days of the date of application shall be considered void and any fees associated with that application will be forfeited.

Applicant:

		Signature	Print Name	Date
Mail	ing Address:			
			City	State Zip
Emai	il Address:		Phone #:	
			FOR OFFICE USE	
	Approved By:	Date://	Type:	Use Group: