



TOWN OF OLD SAYBROOK

Building Department

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

FOR OFFICE USE

Date Received: ___/___/_____		Permit #: _____	
Map: _____	Lot: _____	Flood Zone: Y (____) / N	
LIC: Yes <input type="checkbox"/> No <input type="checkbox"/> EXP: ___/___/_____		CLI: Yes <input type="checkbox"/> No <input type="checkbox"/> EXP: ___/___/_____	
FM#: _____			ZC#: _____
Permit Fee Paid: \$ _____	Payment Type: Check <input type="checkbox"/>	Cash <input type="checkbox"/>	Card <input type="checkbox"/>
			Reference #: _____

BEGIN APPLICATION BELOW

Where will the work take place?

Property Address: _____ Old Saybrook, CT 06475

This property is a:

Residence Commercial Property Name of Business: _____

Description of Proposed Work: _____

Please Note: Work must begin within 180 calendar days. Site plan must be included for all new construction.

How much will this job cost, including parts and labor?

Construction Costs:

Improvement: \$ _____

Electrical: \$ _____ → CRS #: _____

Plumbing: \$ _____

Heating/AC: \$ _____

Total Valuation: \$ _____

Roofing:

of Squares: _____

RIP? Yes No

Property Owner/Lessee:

Mailing Address: _____

Email Address: _____ Phone #: _____ City State Zip

Contractor Name & Company:

Mailing Address: _____

Email Address: _____ Phone #: _____ City 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 _____

Mailing Address: _____ City State Zip

Email Address: _____ Phone #: _____

FOR OFFICE USE

Approved By: _____	Date: ___/___/_____	Type: _____	Use Group: _____
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