

**TOWN OF CHAPLIN
DEPARTMENT OF BUILDING INSPECTION
APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION
TELEPHONE NO. 455-0570**

1. Number Street/Road Assessor's Map - Block - Lot. No.

2. OWNER'S NAME AND ADDRESS TEL. NO.

3. APPLICANT'S NAME AND ADDRESS TEL. NO.

4. Type of Improvement

5. Type of Heating System Fireplace Woodstove

6. No. of Bedrooms No. of Baths Type of Sewage Type of Water Supply Principal Type of Frame

7. Proposed Use of Structure

8. THIS APPLICATION MUST BE ACCOMPANIED BY A PROPER SITE PLAN AND BUILDING PLANS AND COPIES OF THE FOLLOWING APPROVALS SHOULD BE ATTACHED IF REQUIRED:
 SEPTIC PERMIT
 WETLANDS PERMIT ESTIMATED COST _____
 TOWN OR STATE DRIVEWAY PERMIT
 LAND USE/ZONING PERMIT
 PROOF OF WORKMAN'S COMP.
 ADDITIONAL INFORMATION MAY BE REQUIRED ON COMMERCIAL APPLICATIONS.

PERMIT FEE: _____

RECEIPT NO: _____

EDUCATION FEE: _____

**THE OWNER OF THIS BUILDING AND THE UNDERSIGNED
 AGREE TO CONFORM TO THE CONNECTICUT STATE
 BUILDING CODE AND TO NOTIFY THE BUILDING
 OFFICIAL OF ANY CHANGES IN PLANS FOR WHICH
 THIS PERMIT IS REQUESTED.**

 Signature of Applicant Date

Electrical Contractor Address Signature Lic. No.

Plumbing Contractor Address Signature Lic. No.

Heating/Cooling Contractor Address Signature Lic. No.

Concrete Contractor General Contractor

APPROVED _____
 Date BUILDING OFFICIAL

THIS PERMIT BECOMES NULL AND VOID IF ACTIVITY IS NOT COMMENCED WITHIN 12 MONTHS FROM DATE OF ISSUANCE.

White: Building Office Yellow: Assessor Pink: File Gold: Owner