

**TOWN OF CHAPLIN  
DEPARTMENT OF BUILDING INSPECTION  
APPLICATION FOR BUILDING PERMIT AND PLAN  
EXAMINATION TELEPHONE NO. 860-455-0073 ext 315**

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
  - TOWN OR STATE DRIVEWAY PERMIT
  - LAND USE/ZONING PERMIT
  - PROOF OF WORKMAN'S COMP.
  - ADDITIONAL INFORMATION MAY BE REQUIRED ON COMMERCIAL APPLICATIONS.
- ESTIMATED COST \_\_\_\_\_

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