

# COMMERCIAL BUILDING PERMIT APPLICATION

CITY OF MERIDEN  
BUILDING DEPARTMENT PHONE: (203) 630-4091  
142 EAST MAIN STREET FAX: (203) 630-4093  
MERIDEN, CT 06450

ADDRESS OF PROJECT: \_\_\_\_\_

OWNER OF PROPERTY: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_

CONTRACTORS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTORS ADDRESS: \_\_\_\_\_

CONTRACTORS LICENSE NUMBER: \_\_\_\_\_ EST COST: \_\_\_\_\_

APPLICANTS EMAIL: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_  
\_\_\_\_\_

SIDING NUMBER OF SQUARES: \_\_\_\_\_

CITY WATER: \_\_\_\_\_ CITY SEWER: \_\_\_\_\_ WELL: \_\_\_\_\_ SEPTIC: \_\_\_\_\_

**A COPY OF WORKMANS COMPENSATION INSURANCE POLICY INCLUDED: YES \_\_\_ NO \_\_\_  
IF "NO" PLEASE SUPPLY STATE ALTERNATIVE WORKERS COMPENSATION FORM 7A or 7B.**

*I hereby certify that the owner of record authorizes the proposed work, I have been authorized by the owner of record to make this application as an authorized agent, and we agree to conform to all the requirements of the laws and codes of the State of Connecticut.*

APPLICANT NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

XX

**FOR OFFICE USE ONLY BELOW THIS LINE**

- SF: \_\_\_\_\_ X 2.00: \$ \_\_\_\_\_ (NEW FINISHED SPACE)
- SF: \_\_\_\_\_ X 1.00: \$ \_\_\_\_\_ (FOUNDATION & FRAME ONLY.)
- SF: \_\_\_\_\_ X 1.00: \$ \_\_\_\_\_ (INTERIOR FIT OUT)
- SF: \_\_\_\_\_ X .50: \$ \_\_\_\_\_ (FOUNDATION ONLY)
- SF: \_\_\_\_\_ X 1.50: \$ \_\_\_\_\_ (COLD STORAGE BUILDINGS)
- SF: \_\_\_\_\_ X .75: \$ \_\_\_\_\_ (DECKS, PATIOS/OUTSIDE DINING)

PERMIT FEE: \_\_\_\_\_

STATE EDUCATION FEE: .26 per thousand: \$ \_\_\_\_\_

CO Fee: **\$75.00 (IF APPLICABLE)** YES NO

TOTAL PERMIT FEE DUE: \$ \_\_\_\_\_

**\*\*NO REFUNDS ON ANY FEES\*\***