

COMMERCIAL BUILDING PERMIT APPLICATION

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

OFFICE USE ONLY
PERMIT#: _____
ENTRY DATE: _____

SIDING NUMBER OF SQUARES: _____ ****ONLY REQUIRED ON SIDING RELATED PERMITS****

DECK: ATTACHED _____ DETACHED _____ POOL DECK _____ ****ONLY REQUIRED ON DECK PERMITS****

ADDRESS OF PROJECT: _____

OWNER OF PROPERTY: _____ PHONE: _____

OWNERS ADDRESS: _____

CONTRACTORS NAME: _____ PHONE: _____

CONTRACTORS ADDRESS: _____

CONTRACTORS LICENSE NUMBER: _____ ESTIMATED COST: _____

APPLICANTS EMAIL: _____

DESCRIPTION OF WORK: _____

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****

DEPARTMENT SIGNOFF
TAX COLLECTOR: _____
DATE: _____