1 & 2 FAMILY BUILDING PERMIT APPLICATION

CITY OF MERIDEN
BUILDING DEPARTMENT
142 EAST MAIN STREET
MERIDEN, CT 06450

PHONE: (203) 630-4091
FAX: (203) 630-4093

NUMBER OF DWELLING UNIT: (1) ____ (2) _____ ***SIDING NUMBER OF SQUARES: ________***

ADDRESS OF PROJECT: ____

OWNER OF PROPERTY: ________________________________ PHONE: __________________________

OWNERS ADDRESS: ____

CONTRACTORS NAME: ________________________________ PHONE: ___________________________

CONTRACTORS ADDRESS: ____

CONTRACTORS LICENSE NUMBER: ______________________ EST COST: __________________________

APPLICIANTS 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: __________

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FOR OFFICE USE ONLY BELOW THIS LINE

SF: _____________________ X.42: $_____________________ (NEW UNFINISHED SPACE)
SF: _____________________ X.42: $ _____________________ (NEW UNFINISHED SPACE)
SF: _____________________ X.85: $ _____________________ (NEW FINISHED SPACE)
SF: _____________________ X.85: $ _____________________ (NEW FINISHED SPACE)

PERMIT FEE: ____
STATE EDUCATION FEE: .26 per thousand: $ _______________________________
CO Fee: **$50.00 (IF APPLICABLE)______YES______________NO______________**
TOTAL PERMIT FEE DUE: $____

***** NO REFUNDS ON PERMIT FEES*****