

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

ADDRESS OF PROJECT: _____

OWNER OF PROPERTY: _____ PHONE: _____

OWNERS ADDRESS: _____

CONTRACTORS NAME: _____ PHONE: _____

CONTRACTORS ADDRESS: _____

CONTRACTORS LICENSE NUMBER: _____ EST COST: _____

APPLICANTS EMAIL: _____

DESCRIPTION OF WORK: _____

NUMBER OF DWELLING UNIT: (1) _____ (2) _____

CITY WATER: _____ CITY SEWER: _____ WELL: _____ SEPTIC: _____

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

- A. SF: _____ X.42: \$ _____ (NEW UNFINISHED SPACE)
- B. SF: _____ X.42: \$ _____ (NEW UNFINISHED SPACE)
- C. SF: _____ X.85: \$ _____ (NEW FINISHED SPACE)
- D. SF: _____ X.85: \$ _____ (NEW FINISHED SPACE)

E. PERMIT FEE: _____

F. STATE EDUCATION FEE: .26 per thousand: \$ _____

G. CO Fee: **\$50.00 (IF APPLICABLE)** YES NO

H. TOTAL PERMIT FEE DUE: \$ _____

REVIEWERS APPROVALS:

BUILDING APPROVAL: _____ DATE: _____

ZONING APPROVAL: _____ DATE: _____

TAX COLLECTOR: _____ DATE: _____

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