## RESIDENTIAL BUILDING PERMIT APPLICATION

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

PHONE: (203) 603-4091 FAX: (203) 630-4093

ADDRESS OF PROJECT:		
OWNER OF PROPERTY:	PI	HONE:
OWNERS ADDRESS:		
CONTRACTORS NAME:	P	HONE:
CONTRACTORS ADDRESS:		
CONTRACTORS LICENSE NUMI	BER:ES	T COST:
APPLICIANTS EMAIL:		
DESCRIPTION OF WORK:		
NUMBER OF DWELLING UNIT:	(1) (2)	
I hereby certify that the proposed w record to make this application as a codes of the State of Connecticut.	n authorized agent and we agree to conj	and I have been authorized by the owner of form to all the requirements of the laws and
		DATE:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
APPROVALS: ZONING	WETLANDS/FLOODPLAINS	WORKERS COMP
NEEDED: FIRE MARSHAL	TAXES USE GROUP	CODE EDITION
DESIGN OCCUPANT LOAD	AUTOMATIC SPRINKLER YES _	NO
PERMIT TO:		
ESTIMATED COST:		PERMIT FEE:
(BUILDING ONLY)		
REVIEWERS APPROVALS:		
ZONING APPROVAL:		DATE:
BUILDING APPROVAL:		DATE:
		DATE