## COMMERCIAL BUILDING PERMIT APPLICATION

## CITY OF MERIDEN BUILDING DEPARTMENT 142 EAST MAIN STREET

PHONE: (203) 603-4091 FAX: (203) 630-4093 MERIDEN, CT 06450

ADDRESS OF PROJECT:		
OWNER OF PROPERTY:	P	HONE:
OWNERS ADDRESS:		
CONTRACTORS NAME:	PI	HONE:
CONTRACTORS ADDRESS:		
CONTRACTORS LICENSE NUMB	ER: ES	T COST:
APPLICIANTS EMAIL:		
DESCRIPTION OF WORK:		
I hereby certify that the proposed wor record to make this application as an codes of the State of Connecticut.  APPLICANT NAME:	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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
NEEDED: FIRE MARSHAL DESIGN OCCUPANT LOAD	WETLANDS/FLOODPLAINS TAXES USE GROUP AUTOMATIC SPRINKLER YES _	WORKERS COMP CODE EDITION NO
TERRITO.		
ESTIMATED COST:(BUILDING ONLY)		PERMIT FEE:
REVIEWERS APPROVALS:		
ZONING APPROVAL: BUILDING APPROVAL:		DATE: