



# TOWN OF ELLINGTON - BUILDING DEPARTMENT

TOWN HALL ANNEX • 57 MAIN STREET • P. O. BOX 187 • ELLINGTON, CT 06029

PHONE: 860-870-3124 • FAX: 860-870-3122 • WEBSITE: WWW.ELLINGTON-CT.GOV • E-MAIL: BUILDINGOFFICIAL@ELLINGTON-CT.GOV

## PERMIT APPLICATION

ADDRESS OF WORK LOCATION: \_\_\_\_\_

TYPE OF PERMIT:  COMMERCIAL/MULTI-FAMILY  RESIDENTIAL PERMIT NO: \_\_\_\_\_

**BUILDING**

- New Construction
- Addition
- Renovation
- Accessory Structure
- Deck
- Demolition
- Roofing
- Pool A/G \_\_\_\_ I/G \_\_\_\_
- Siding
- Stoves
- Other \_\_\_\_\_

**ELECTRICAL**

- Service Change
- New Construction
- Addition
- Renovation
- Pool Wiring
- Low Voltage
- Solar
- Other \_\_\_\_\_

**PLUMBING**

- New Construction
- Addition
- Renovation
- Fire Suppression
- Water Heater
- Fuel Tank
- Other \_\_\_\_\_

**HVAC**

- New Construction
- Addition
- Renovation
- Central Air
- Replace/Repair
- Boiler/Furnace
- Other \_\_\_\_\_

Will there be any excavation, i.e. foundation, trenching, etc.?  Yes  No

Will there be any work in the Public Right of Way?  Yes  No

Public Water  Sewer  Well  Septic

DESCRIPTION OF WORK (must be completed for all permits): \_\_\_\_\_

Fair Market Value\* (Labor + Material) \$ \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Paid by:  Cash  Check - No. \_\_\_\_\_  
(\*For value of new structure, see published fee schedule)

Check if Building Fee Covers Mechanical Fees For:  Electrical  Plumbing  HVAC  None of These

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contractor/Applicant: \_\_\_\_\_ Lic./Reg. Type: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Certification: I hereby certify that:  I am the owner of record of the named property, or:  that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable codes, laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. No work shall start until the applicant has received the signed approved permit.

- Contractor
- Applicant
- Owner

\_\_\_\_\_  
Signature of Owner/Authorized Agent

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Date