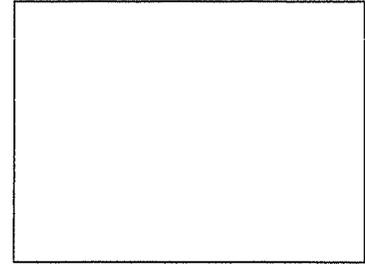


Town of West Hartford **BUILDING / ZONING** Permit Application

Application Date: \_\_\_\_\_ Application #PRBD 2016 \_\_\_\_\_



Construction Type: Check One

- \_\_\_\_\_ VB = unprotected wood frame (most single family residential is VB)
- \_\_\_\_\_ VA= protected wood frame construction \_\_\_\_\_ IV= Heavy Timber Frame
- \_\_\_\_\_ IIIA \_\_\_\_\_ IIIB \_\_\_\_\_ IIA \_\_\_\_\_ IIB \_\_\_\_\_ IA \_\_\_\_\_ IB
- \_\_\_\_\_ Unknown Must Verify

Entered by \_\_\_\_\_

\*Proposed Occupancy Type: Check One

- \_\_\_\_\_ One Family Home \_\_\_\_\_ Two Family Home \_\_\_\_\_ Three Family Home
- \_\_\_\_\_ R-1 \_\_\_\_\_ R-2 \_\_\_\_\_ R-3 \_\_\_\_\_ R-4 \_\_\_\_\_ I-1 \_\_\_\_\_ I-2 \_\_\_\_\_ I-3 \_\_\_\_\_ I-4
- \_\_\_\_\_ B \_\_\_\_\_ M \_\_\_\_\_ H-1 \_\_\_\_\_ H-2 \_\_\_\_\_ H-3 \_\_\_\_\_ H-4 \_\_\_\_\_ H-5 \_\_\_\_\_ F-1
- \_\_\_\_\_ F-2 \_\_\_\_\_ E \_\_\_\_\_ A-1 \_\_\_\_\_ A-2 \_\_\_\_\_ A-3 \_\_\_\_\_ A-4 \_\_\_\_\_ A-5 S-1 \_\_\_\_\_ S-2 \_\_\_\_\_

If project will result in a **change of occupancy** please list existing occupancy \_\_\_\_\_ \*Refer to 2005 CT State Building Code, Chapter 3 for definitions of Occupancy Types.

Description of Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value of Work \_\_\_\_\_ Square ft of proposed work area: \_\_\_\_\_  
(not including plumbing, heating, electrical, sprinkler or fire protection)  
Total Fee Paid \_\_\_\_\_ CO Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_

**JOB LOCATION:** \_\_\_\_\_

Business Name/Space # (if applicable): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Property Owner Email Address: \_\_\_\_\_

Applicant Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Registration/Lic# \_\_\_\_\_ Exp Date \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

List Supporting Documentation Submitted: \_\_\_\_\_

**SEE OTHER SIDE TO COMPLETE REQUIRED INFORMATION AND SIGNATURES**

*\*NOTE- Energy Code compliance required on new construction and additions.*

Town of West Hartford, Building Department, 50 South Main Street, West Hartford, CT 06107, (860)561-7530  
**TO THE BUILDING DEPARTMENT, TOWN OF WEST HARTFORD, CT:** I, the undersigned hereby agree to conform to all the requirements of the Laws of the State of Connecticut and the Ordinances of the Town of West Hartford and to notify the Building Inspector of any alteration in the plans or specifications, of the building, for which this permit is asked, and agree that this building is to be located the proper distance from all street lines, side yard lines, rear yard lines, and required distances from all other zones and is located in a zone in which this building and its use is allowed.

**PLEASE CHECK OF ONE OF THE BELOW BOXES:**

**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 I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. No work shall be started until the applicant has received the signed approved permit.

**OR**

Signature of Property Owner	Signature of Authorized Agent
Print Name	Print Name of Authorized Agent

Connecticut General Statute Section 31-286b requires no building permit can be issued until either (1) Proof of Workers Compensation **OR** a Waiver Form # 7B signed and **NOTARIZED** by either owner or sole proprietorship. If we do not receive this required information the permit will not be issued. Mechanical permits are exempted from providing proof of workers compensation.

**This information given to the town is only in support of permit application. No work can start until applicant has received the signed approved permit.**

**CURRENT EDITION OF BUILDING CODE IN EFFECT IS  
2005 CONNECTICUT STATE BUILDING CODE**

*Please do not write below this line. For town use only*

Zoning Approval \_\_\_\_\_ Date of Zoning Approval \_\_\_\_\_

Conditions of Zoning Approval \_\_\_\_\_

Building Approval \_\_\_\_\_ Date of Building Approval \_\_\_\_\_

Conditions of Building Approval \_\_\_\_\_

Fire Approval \_\_\_\_\_ Date of Fire Approval \_\_\_\_\_

Conditions of Fire Approval \_\_\_\_\_

Health Approval \_\_\_\_\_ Date of Health Approval \_\_\_\_\_ See  
Health Department for list of conditions, if any, of approval.