TOWN OF WILLINGTON BUILDING PERMIT

A PERMIT MUST BE OBTAINED AND FEE PAID BEFORE BEGINNING WORK.

DATE: ____________________________  HOURS: MON. 12:30 PM—7:30 PM  PERMIT #: ____________________________

TUES—FRI 9:00 AM—2:00 PM

ESTIMATED COST* $ _____________ *(Building Inspector may demand affidavit of actual cost)  Fee Paid $ ________________

MAP # __________  LOT # ______________  ZONE ______________  WORKER’S COMPENSATION/INSURANCE

LOCATION OF JOB:

BUILDING OWNER:  TELE(S)

ADDRESS:  CITY, STATE & ZIP:

NAME OF APPLICANT:  TELE(S)

ADDRESS:  CITY, STATE, & ZIP:

NAME OF BUILDER:  TELE(S)

ADDRESS:  CITY, STATE, & ZIP:

CONTRACTOR’S REGISTRATION #: ____________________________  MODEL ENERGY CODE (if applicable) ____________________________

PURPOSE OF PERMIT:  TYPE OF JOB: ____________________________

___ Original Constr.  ___ Repair  ___ Pool AG IG

___ Alteration  ___ Siding  ___ Demolition

___ Addition  ___ Roofing  ___ Relocation

TYPE OF BUILDING:

Residential  ______  Commercial  ______  Other  ______

Sq. ft. 1st floor: _______  Sq. ft. 2nd floor: _______

___ chimney  ___ wood stove and furnace—2 flues

___ fireplace  ___ 2 fireplaces and 1 flue

___ other: ____________________________

Complete the following or attach complete plans

<table>
<thead>
<tr>
<th>Member</th>
<th>Size</th>
<th>Material or Species</th>
<th>Longest Span</th>
<th>Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside Stud</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bearing Stud</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor Joist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Floor Joist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rafter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceiling Joist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Truss Documents Included</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DESCRIPTION OF PROPOSED WORK:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

All work covered by this application has been authorized by the (owner) and/or (agent) of this property and will be done according to the laws and building regulations of the State of Connecticut, Basic Building Code. A final inspection is required before the building can be occupied or a Certificate of Use or Occupancy is issued. Permit expires 180 days after approval.

APPLICANT’S SIGNATURE: ____________________________  DATE: ____________________________

BUILDING DEPARTMENT DECISION

TYPE OF CONSTRUCTION: ____________________________  APPROVED  DENIED

INSPECTOR’S SIGNATURE: ____________________________  DATE: ________________