

Pre- Application for Commercial or Multi Family Permit

Town of Bethel Building Department

1 School Street, Bethel CT 06801

Phone 203-794-8517 Fax 203-778-7518

REVIEWED UNDER 2005 STATE BUILDING CODE WITH 2005 CT STATE FIRE SAFETY CODE

To Be Filled Out By Owner/Applicant (Please Print or Type)

Property Location Address

#

Street Name

Commercial Permit Application _____

Multi Family Application _____

Number of Families _____

Owners Name (As it Appears on Land Records)

Owner's Street Address

#

Street Name

Town

State

Zip Code

Home Ph. No.()

Work Ph. No.()

Fax()

Applicant's Name If Not Owner

Address

Town

State

Zip

Home Ph. No.()

Work Ph. No.()

Fax()

Contractor's Name

Phone()

Address

Town

State

Zip

DESCRIPTION OF PROJECT - Owner/ Applicant To Fill Out Below

Other Required Departmental Approvals

Zoning

Tax Collector (Paper stating taxes are paid up to date)

Health Department

Town Engineer

Fire Marshal

Is Structure Within 100 Year Flood Plain?

Yes

No

Please Fill Out Second Page of Form Also

Type of Construction										
1A	1B	2A	2B	3A	3B	4	5A	5B		
Please Indicate All Use Groups Applicable to This Project										
Is There a Change of Use?					If yes, From _____ to _____					
A-1	A-2	A-3	A-4	A-5	B	E	F-1	F-2	H-1	H-2
H-3	H-4	H-5	I-1	I-2	I-3	I-4	M	R-1	R-2	R-3
R-4	S-1	S-2	U							
Mixed Use Yes <input type="checkbox"/> No <input type="checkbox"/>			Separated Yes <input type="checkbox"/> No <input type="checkbox"/>			Nonseparated Yes <input type="checkbox"/> No <input type="checkbox"/>				
List Below the Gross Square Footage of Each Story, Above and Below Grade										
Height of Building In Stories				In Feet		Total S.F.		S. F. Below Grade		
Story 1		Story 2		Story 3		Story 4		Story 5		
Is This Building a Threshold Building?				Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason				
Is Automatic Sprinkler System Provided?				Yes <input type="checkbox"/> No <input type="checkbox"/>						
Hazard Classifications										
Light <input type="checkbox"/>		Ordinary		Group 1 <input type="checkbox"/>		Group 2 <input type="checkbox"/>				
Extra Hazard		Group 1 <input type="checkbox"/>		Group 2 <input type="checkbox"/>						
Automatic Sprinkler and Standpipe System Demand at Base of the Riser										
Name of Architect						Lic. No.				
Name of Structural Engineer						Lic. No.				
Interior Designer						Registration No.				
List the Names of Contractors, Telephone Numbers and Cost of All Mechanicals Below										
Alarms						()		\$		
Electrical						()		\$		
Fire Protection						()		\$		
Heating						()		\$		
Hood						()		\$		
Plumbing						()		\$		
Other						()		\$		
Estimated Cost Mechanicals								\$		
Estimated Cost of Construction Less Mechanicals								\$		
Total Estimated Cost								\$		

I certify that I am the owner of record of the named property of 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, I 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.

Edition of Code Under Which Permit is Issued: 2005 State Building Code with 2005 State Fire Safety Code.

Printed Name of Owner _____

Signature of Owner _____

Printed Name of Authorized Agent _____

Signature of Authorized Agent _____

FOR DEPARTMENT USE		FEES	TOTAL FEE
BUILDING	DUMPSTER	ZONING	
STATE BUILDING		STATE ZONING	