

**PRE- APPLICATION FOR ONE OR TWO FAMILY RESIDENTIAL BUILDING PERMIT
TOWN OF BETHEL BUILDING DEPARTMENT**

1 SCHOOL STREET, BETHEL CT 06801

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

Reviewed under the 2005 State Building Code

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

Property Location Address		#	Street Name	
One Family <input type="checkbox"/>	Two Family <input type="checkbox"/>			

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
---------	------	-------	-----

Home Improvement Reg. & Insurance Copy Must Be Provided Call 1-800-922-4455: BUD # _____

When Completed, How Many Total Bedrooms?	When Completed, How Many Total Bathrooms?
--	---

Is The Structure Within The 100 Year Flood Plain?

The Following Square Footage Information Must Be Filled in Accurately for This Plan Review to be Completed For Additions - Show Living Space Added by this Application

First Floor	Sq. Ft.	Second Floor	Sq. Ft.	Third Floor	Sq. Ft.
Basement	Sq. Ft.	Habitable Attic	Sq. Ft.	Garage	Sq. Ft.
Bonus Room	Sq. Ft.	Porch	Sq. Ft.	Deck	Sq. Ft.
Other	Sq. Ft.		Sq. Ft.		Sq. Ft.

Estimated Cost Of Mechanicals & Is the Cost Included in the Total Estimate? Yes No

Electrical	Heating	A/C	Plumbing	Alarm
------------	---------	-----	----------	-------

Estimated Cost of Construction	Has Work Been Done Without A Permit?
---------------------------------------	--------------------------------------

Describe Work To Be Done Below

Please Fill Out And Complete Second Page Of This Form

Please List All Subcontractors Below

Please Print All Entries

Plumbing Contractor	_____	Phone No. _____
Heating Contractor	_____	Phone No. _____
Electrical Contractor	_____	Phone No. _____
Air Conditioning	_____	Phone No. _____
Pump Installer	_____	Phone No. _____
Mason Contractor (Fireplace and Chimney)	_____	Phone No. _____
Factory Built Fireplace & Chimney Contractor	_____	Phone No. _____
Alarm Installer	_____	Phone No. _____
Oil Tank Installer	_____	Phone No. _____
Roofing Contractor (Installer of shingling)	_____	Phone No. _____
Central Vacuum Contractor	_____	Phone No. _____
Insulation Contractor	_____	Phone No. _____
Other	_____	Phone No. _____
Other	_____	Phone No. _____

PURPOSE OF THIS PERMIT:	NEW _____	ADDITION _____	ALTERATION _____	OTHER _____
CHECK APPROPRIATE LINE:	_____ Septic	_____ City Sewer	_____ Well Water	_____ City Water _____ Other

PERMIT REQUEST TO BE REVIEWED UNDER: 2005 STATE BUILDING CODE FOR 1 & 2 FAMILY

All applicable information must be filled in or this permit cannot be processed. I hereby agree to conform to all of the requirements of the laws of the state of Connecticut and the State of Connecticut Building Code and the Ordinances of the Town of Bethel and to notify the Building Official of any alteration on the plans or specifications of the building for which the permit is asked. And I agree that this building is to be located at the proper distances from all street lines, side yard lines and the required distances from all other zones and is located in a zone which this building and its use is allowed.

Owner's Signature		
Owner's Printed Name		
Owner's Agent's Signature		
Owner's Agent's Printed Name		
Required Departmental Approvals		
Zoning	Tax Collector (Paper stating taxes are paid up to date)	
Health	Water/Sewer Dept.	
	Town Engineer	
FOR DEPARTMENT USE		
FEES		TOTAL FEE
BUILDING	DUMPSTER	ZONING
STATE BUILDING		STATE ZONING