

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: 2021 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