APPLICATION FOR BUILDING PERMIT
CONNECTICUT STATE BUILDING CODE (SBC 111.0)
CITY/TOWN OF Derby

1. ____________
   (Please Print or Type All Entries)

2. ___________________________
   Date

3. ___________________________
   Lot #

4. ___________________________
   Property Location Street Address

5. ___________________________
   Owner’s Name (As it appears in the Land Records)

6. ___________________________
   Street Address

7. ___________________________
   Town

8. ___________________________
   State

9. ___________________________
   Zip Code

10. ___________________________
    Home Phone #

11. ___________________________
    Work Phone #

12. ___________________________
    Fax #

13. ___________________________
    Mobile Phone #

14. ___________________________
    Applicant’s Name

15. ___________________________
    Street Address

16. ___________________________
    Town

17. ___________________________
    State

18. ___________________________
    Zip Code

19. ___________________________
    Home Phone #

20. ___________________________
    Work Phone #

21. ___________________________
    Fax #

22. ___________________________
    Mobile Phone #

12. Permit Type:  a) □ Building Permit
   □ Foundation    □ Superstructure
   □ Tenant Fitout  □ Other
   Estimated Cost _____________

   b) □ Electrical Permit
   Estimated Cost _____________

   c) □ Mechanical Permit
   Estimated Cost _____________

   d) □ Plumbing Permit
   Estimated Cost _____________

   e) □ Demolition Permit*
   Estimated Cost _____________

   f) □ Other ___________________
   Estimated Cost _____________

   TOTAL _____________

13. Project Type:  a) □ New Construction
   □ Relocation
   f) □ Change of Use

   b) □ Addition
   g) □ Article 32

   c) □ Alteration
   h) □ Designated Historic Structure

   d) □ Repair/Replacement
   i) □

   Is Structure within the 100 year flood plain: □ Yes □ No


15. Use Group(s):    □ A-1  □ B  □ H-1  □ I-1  □ M  □ S-1
   □ A-2  □ H-2  □ I-2  □ M  □ S-2
   □ A-3  □ F-1  □ H-3  □ I-3  □ R-1
   □ A-4  □ F-2  □ H-4  □ R-2  □ U
   □ A-5  □ R-3

   Mixed Use: □ Yes □ No □ Separated □ Nonseparated

Note: * See instructions

STATE OF CONNECTICUT/office of STATE BUILDING INSPECTOR
(Over)
16. Property Location Street Address

17. Lot #

18. Height of building: Stories: __________ Feet: __________

19. Total Sq. Ft. of Building: ______________

20. List below the gross square footage of each story, above and below grade:

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21. Architect's Information: (Attach as applicable) License # ______________

22. Engineers Information: (Attach as applicable) License # ______________

23. Interior Design: (Attach as Applicable) Registration # ______________

24. Documents Submitted /Attached:
   - ☐ Zoning
   - ☐ Building Plans
   - ☐ Site Plans
   - ☐ Building Sections
   - ☐ Building Elevations
   - ☐ Health
   - ☐ Reports
   - ☐ Calculations
   - ☐ Details
   - ☐ Photographs
   - ☐ Threshold Review*
   - ☐ Correspondence
   - ☐ Authorization of Applicant Other Than Owner
   - ☐ Manufacturer's Literature
   - ☐ Statement of Special Inspections*
   - ☐ Other (describe)__________________________

25. Estimated Cost of Construction ____________________
   (Value of Labor & Materials)

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/or 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.

Note: * See instructions ____________________

Signature of Owner/Authorized Agent

ITEMS 26 - 29 ARE FOR BUILDING OFFICIAL'S USE ONLY

26. Building Permit Fee: ______________

27. Plan Review Fee: ______________

28. Certificate of Occupancy Fee: ______________

29. Other Fees: ______________

TOTAL FEE: ☐ Cash ☐ Check ______________

Completed Application Received Date: ______________

__________________________
(Signature Building Official)