

CITY of DERBY
Building Department
1 Elizabeth Street
Derby, CT 06418
Tel: (203) 736-1481

APPLICATION FOR BUILDING PERMIT

Owners name _____ Owners home phone _____
Owners address _____ Owners work phone _____
Contact person for this application _____ Phone _____
Contact person's email address*: _____
Site Address _____

Is property located in the Historic District? Yes ___ No ___
If yes include certificate of appropriateness from Historic Commission.
Verification of taxes paid; Tax collector signature _____
Tax Assessors Map # ___ Block # ___ Lot # ___ Unit # ___ Assessors signature _____
Inland Wetlands Questions: (Required prior to submittal)
1.) Do you have wetlands on your property? Yes ___ No ___ Don't know ___
Attached soil scientist report and survey, if available. _____
2.) Will any portion of your construction activities, including temporary construction access, grading and/or landscaping be within 50' to wetlands? Yes ___ No ___
3.) Will the total area disturbed on your site be greater than 1/2 acre adjacent to wetlands greater than 5000 sf? Yes ___ No ___ If yes to 2. or 3., contact Inland Wetlands 203.594.3036 for further guidance, prior to proceeding.

Contractor: Name _____ Phone _____
Address _____ CT License or Reg # _____
Plans and specs by: _____ Phone _____
Address _____
If Architect or PE license # _____ Expiration Date _____
CBYD # _____ or hand dig _____ Estimated Cost of Construction _____
Will the construction described in this application require a road opening? Yes ___ No ___
Commercial applications only: Type of construction _____ Existing use group _____
Proposed use group _____
Level _____ Unit # _____ Tenant/Lessee _____

Project Description; include room count, room designation, and square footage

Signature (Owner / Authorized Agent) _____ Printed Name _____ Date _____
Letter of Authorization Required When Other Than Owner Signs Application.
Please do not write below this line; Office use only.
Project value _____ Permit fee _____ Zoning fee _____ PZ St of CT Land Use fee _____
Inclusionary Zoning fee* _____ Health fee _____ Total _____
Application date _____ Permit issue date _____ Permit Number _____

ALL THE QUESTIONS CONTAINED IN THIS APPLICATION ARE RELATIVE THE CONSTRUCTION ACTIVITY PROPOSED AS PART OF THIS BUILDING PERMIT.

Office Use Only
Permit Number _____

Square footage of new const 1 st &2 nd fl?*	_____	_____
Square footage of remodeled area?	_____	_____
Square footage of interior demo?	_____	_____
Square footage of total demo?	_____	_____
Total square footage of demo?	_____	_____
Number of fireplaces to be added?	_____	_____
Number of 1/2 baths to be added?	_____	_____
Number of full baths to be added?	_____	_____
Total number of rooms to be added?	_____	_____
Number of bedrooms to be added?	_____	_____
Square footage of finished basement?	_____	_____
If yes, list room designations.	_____	_____
Square footage of finished attic?	_____	_____
If yes, list room designations.	_____	_____
How many garage bays added?	_____	_____
Square footage of open deck?	_____	_____
Square footage of covered deck?	_____	_____
Square footage of open patio?	_____	_____
Square footage of covered patio?	_____	_____
Will there be any retaining walls?	_____	_____
Height of unbalanced fill at retaining wall?	_____	_____
Square footage of impervious surfaces to be added i.e.; roof, driveway, etc.	_____	_____

Site Address: _____ Date _____
Form Completed By: _____ Signature _____