

TOWN OF SOMERS
BUILDING PERMIT APPLICATION
 600 Main Street, Somers, CT 06071 860-763-8220

PERMIT # _____

B

PLEASE COMPLETE AREAS IN RED

Date: _____

Location of Work _____

Purpose of Permit _____

APPLICANT _____
 STREET-MAILING ADDRESS _____
 TOWN _____ STATE _____ ZIP _____
 PHONE NUMBER _____ CELL PHONE NUMBER _____
 EMAIL _____

OWNER _____
 OWNER'S ADDRESS _____
 PHONE NUMBER _____ CELL PHONE NUMBER _____

FEES PAID SUMMARY:
 EST. COST _____
DO NOT INCLUDE MECHANICAL COSTS
 BLDG PERMIT FEE _____
 CO/CU FEE _____
 ZONING FEE _____
 HEALTH FEE _____
 AMOUNT PAID _____
 DATE _____ CK# _____

ZONE _____ LOT SIZE _____
 FRONTAGE _____
 DISTANCE TO PROPERTY LINES:
 FRONT: _____ SIDE _____ REAR _____

APPLICATION FOR: ADDITION SHED FENCE SWIMMING POOL LP TANK (>124 GALS) OTHER _____

PROPERTY USE: SINGLE FAMILY MULTI-FAMILY NEW BEDROOMS? ___ N ___ Y NUMBER OF NEW BEDROOMS _____

SIZE (area) _____ DIMENSIONS: _____ X _____ HEIGHT: _____

BASEMENT: ___ Y ___ N FOOTING DRAINS: ___ Y ___ N FROST WALL PERS GRAVEL BASE

Are there existing structures on the property YES ___ NO ___
 Are there wetlands/watercourses on the property YES ___ NO ___
 Is the structure in a regulated Flood Zone
 YES ___ NO ___
 If yes – FIRM Panel # _____

THE UNDERSIGNED HEREBY CERTIFIES THAT: ___ I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR ___ 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 COMPLY WITH ALL LOCAL ORDINANCES AND CT BUILDING CODES IN THE PERFORMANCED OF SUCH WORK

Site Plan Attached: ___ Y ___ N Building Plan Attached: ___ Y ___ N

Signature of Applicant _____ Date _____ License # _____

Taxes Due: ___ Y ___ N Sewer/Water Due: ___ Y ___ N Date: _____ By _____

Health/WPCA: APPROVED ___ DISAPPROVED ___ DATE _____ BY _____
 COMMENTS _____

Conservation: APPROVED ___ DISAPPROVED ___ DATE _____ BY _____
 COMMENTS _____

Fire Marshal: APPROVED ___ DISAPPROVED ___ DATE _____ BY _____

Public Works: APPROVED ___ DISAPPROVED ___ DATE _____ BY _____

Zoning: APPROVED ___ DISAPPROVED ___ DATE _____ BY _____

FEE PAID _____ CK# _____ COMMENTS _____
 ___ CONFORMING ___ NON-CONFORMING _____ VARIANCE? (attach copy)

Building: APPROVED ___ DISAPPROVED ___ DATE _____ BY _____

COMPLIANCE APPROVALS FOR CERTIFICATE OF OCCUPANCY/USE

Location: _____

Owner/Applicant: _____

Address _____

As Built Site Plan: REQUIRED: Date Received: _____ A-2: Yes No
 NOT REQUIRED

Major Use of Occupancy _____

Department Approvals

Sanitarian _____

Comments: _____

Conservation _____

Comments: _____

Public Works _____

Comments: _____

Fire Marshal _____

Comments: _____

Planning _____

Comments : _____

Zoning _____

Comments: _____