

17. DESIGN PROFESSIONAL (name & address): _____

18. TYPE OF CONSTRUCTION: _____ 19. NUMBER OF STORIES: _____

20. HEIGHT OF BUILDING (stories/feet): _____ 21. NUMBER OF DWELLING UNITS: _____

22. DESIGNED LIVE LOAD: _____ 23. DESIGNED DEAD LOAD: _____

24. OCCUPANCY OF OTHER BUILDINGS ON LOT: _____

25. OCCUPANCY BEFORE CHANGE: _____

26. NAME(S) OF SUBCONTRACTOR(S) AND THEIR TRADES: _____

27. IDENTIFY AND DESCRIBE WORK TO BE DONE: (TO BE ACCOMPANIED BY CONSTRUCTION DOCUMENTS AND OTHER INFORMATION AS REQUIRED, AND SHALL BE OF SUFFICIENT CLARITY TO INDICATE THE LOCATION, NATURE, AND EXTENT OF WORK PROPOSED, AND SHOW IN DETAIL THAT IT WILL CONFORM TO THE PROVISIONS OF THE STATE OF CONNECTICUT BUILDING CODE AND RELEVANT LAWS, RULES, AND REGULATIONS.)

28. USE SEPARATE PAGE FOR DRAWING OF PROPOSED WORK (if needed):

IMPORTANT! AFTER COMPLETING ITEMS 1-28, SIGN BELOW, AND MAKE CHECK PAYABLE TO **TOWN OF EAST HARTFORD** COVERING PROPER AMOUNT OF FEE. (SEE FEE SCHEDULE ON PAGE 1.) BRING PAYMENT, APPLICATION AND PLANS TO: **TOWN OF EAST HARTFORD, DEPARTMENT OF INSPECTIONS AND PERMITS, 740 MAIN STREET, EAST HARTFORD, CONNECTICUT 06108.**

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE OWNER OR AGENT OF THIS PROPERTY AND WILL BE DONE IN STRICT ACCORDANCE WITH THE BUILDING CODE.

*** AS APPLICANT/AGENT I HEREBY CERTIFY, UNDER PENALTY OF LAW FOR FALSE STATEMENT, THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER IN FEE [NOT TENANT] AND THAT I AM AUTHORIZED TO MAKE THIS APPLICATION.**

_____	_____	*	_____	_____
OWNER OF PROPERTY/* AGENT	DATE		APPLICANT/CONTRACTOR	DATE
(SIGNATURE)			(SIGNATURE)	

*BUILDING DEPARTMENT WITNESS _____

DEPARTMENT USE ONLY:

DEPARTMENT DECISION – APPLICATION IS HEREBY:

BUILDING DEPARTMENT: **APPROVED** **DISAPPROVED**

DATE

CHIEF INSPECTOR

FIRE DEPARTMENT: **APPROVED** **DISAPPROVED**

DATE

FIRE MARSHAL

ZONING DEPARTMENT: **APPROVED** **DISAPPROVED**

DATE

ZONING ENFORCEMENT OFFICIAL

Flood Zone Y/N _____
Wetlands Y/N _____
Buffer Area Y/N _____
Wetlands Commission Approval Date _____
Zoning Board of Appeals Approval Date _____
Date Recorded _____
Planning & Zoning Approval Date _____
Design Review Approval Date _____

TOWN TAXES

Delinquent _____ **Current**

Check **Cash/Certified/Money Order, etc.**

Building Application Rev. July. 08

FOR OFFICE USE ONLY:

Zone _____

Construction Type _____

Use Group _____

Occupancy Load _____

Occupancy Type _____

Sprinkler __Y/__N

Hazard Classification _____

Required __Y/__N

Code Edition _____

Demand (if Yes) _____ gpm.