



Town of North Stonington
Building Department

Building Permit Application

Application Date: _____ Tax Map – Lot: _____

Property Location (Street Address): _____

Owner Information

Name: _____ Street Address: _____

Town: _____ State: _____ Zip Code: _____ Home Phone: _____

Applicant Information (if different than owner or contractor)

Name: _____ Street Address: _____

Town: _____ State: _____ Zip Code: _____ Home Phone: _____

Contractor Information

Name: _____ Street Address: _____ License: _____

Town: _____ State: _____ Zip Code: _____ Phone: _____

Purpose of Permit: New Construction Addition Alteration Other

Type of Construction: _____ Proposed Use Group: _____

Sewer/Water: Septic City Sewer Well Water City Water

Is the property within the 100 year flood plain?: Yes No

Square Footage Per Floor: 1st: _____ 2nd: _____ 3rd: _____

Basement: _____ Garage: _____ Total Square Footage: _____

Description of work: _____

I hereby Certify that:

- I am the owner of record or
- that the proposed work is authorized by the owner 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.

Print Name: _____ Signature: _____

Estimated cost of Construction: _____ Permit Fee: _____

Trade Information:

	Company Name	Signature	License#
Electrical:	_____	_____	_____
Plumbing:	_____	_____	_____
Heating:	_____	_____	_____

Building Official Signature: _____ Date: _____