

230 C Mountain Rd  
Suffield, CT 06078  
Building Phone: (860) 668-3878  
Building Fax: (860) 668-3879  
Zoning Phone: (860) 668-3848

# Application for Building Permit Town of Suffield

Permit #

Please fill out only the left side ONLY. Incomplete applications will not be processed.

This side for Official Use Only

Date: / / Description of work: \_\_\_\_\_

Fee: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Job Location (No. and Street): \_\_\_\_\_

### APPROVALS REQUIRED

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Conservation \_\_\_\_\_ NCDHD \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Z & P \_\_\_\_\_ ZBA \_\_\_\_\_

Builder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fire Marshal \_\_\_\_\_ Tax \_\_\_\_\_

Builder's Address: \_\_\_\_\_

### CODE DATA

Is there a contract to construct a new home or condo?  Yes  No

Zone: \_\_\_\_\_ Use Group: \_\_\_\_\_

CT Reg. #: \_\_\_\_\_ Worker's Comp Policy Number: \_\_\_\_\_

Type of Construction: \_\_\_\_\_ Code: \_\_\_\_\_

Distances From Property Line  
Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
Left: \_\_\_\_\_ Right: \_\_\_\_\_

CONSTRUCTION DOCUMENTS REQUIRED  
 Plot Plan  Building Plans  As-Builts  Fndtn As-Built

Building Dimensions  
Height: \_\_\_\_\_ Sq. Ft: \_\_\_\_\_  
Stories Above Grade:  1  2  3 or more

DEPARTMENT DECISION  
APPLICATION IS HEREBY:  APPROVED  DENIED

Street:  Public  Private Water:  Public  Private

Building Official: \_\_\_\_\_ Date: / /

Sewer:  City  Septic Building:  New  Addition  Alteration

Sprinklered?  Yes  No Value of Job: \$ \_\_\_\_\_

COMMENTS:

### AFFIDAVIT AND AGREEMENT

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY WHICH IS THE SUBJECT OF THIS APPLICATION OR THE AUTHORIZED AGENT OF THE PROPERTY OWNER; I AGREE TO UNCOVER AND EXPOSE ANY WORK WHICH IS COVERED OR CONCEALED WITHOUT THE INSPECTOR'S APPROVAL; I UNDERSTAND THAT WHEN A PERMIT IS ISSUED, IT GRANTS NO RIGHTS TO VIOLATE ANY CODE, ORDINANCE OR STATUTE, REGARDLESS OF WHAT MAY BE SHOWN OR OMITTED ON THE APPROVED PLANS AND SPECIFICATIONS AND REGARDLESS OF ANY AGREEMENT WITH ANY OFFICIAL.

*I have read and agree to all of the above:*

Signature: \_\_\_\_\_ Date: / /

### INSPECTIONS REQUIRED:

Footing (forms in place before pouring)  Rough Frame / Mechanicals  
 Waterproof / Drains  Nailing (before vapor barrier / siding)  
 Inground Mechanicals  Insulation  
 Fireplace / Throat  Final Inspection  
 Gas Piping  Certificate of Use / Occupancy

