

CITY OF WEST HAVEN APPLICATION FOR BUILDING PERMIT, PAGE 1 OF 4

HOUSE/BLDG #: _____ Unit #: _____ STREET: _____



Project name or Tenant _____

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Property Owner's Phone _____ Email _____

Contractor _____ LICENSE/REGISTRATION # _____ TYPE _____

Business Name: _____

Contractor's Address _____

Contractor's Phone _____ Email _____

Design Professional _____ LICENSE/REGISTRATION: Archt. _____ PE _____ Int. Des. _____

Address _____

Designer's Phone _____ Email _____

The undersigned owner or authorized agent of the owner applies for a building permit in accordance with the laws and ordinances of the City of West Haven CT, the Connecticut General Statutes, the CT State Building Code, and the CT State Fire Safety Code as they may apply, and intends to comply with same. Permits are issued to the owner in fee, and compliance with all regulations is the responsibility of the owner in fee of the subject parcel.

Check one:

A.) I hereby swear that : I am the Owner In Fee of the subject parcel _____ ; or,

B.) this application is authorized by the Owner In Fee and that said applicant is authorized by the Owner In Fee to make said application: _____ .

Applicant Signature: _____ (notary not required if Owner is signing)

Personally Appeared (print applicant name) _____

Authorized agent for: (Print property owner's name) _____ Owner,

who made oath that the statements herein were true and correct before me this _____ day of _____ 20_____

Notary Public _____ My Commission Expires: _____

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Description of building:

Occupancy Class: 1 or 2 fam: _____ Multi-Fam: _____ Business: _____ Mercantile: _____ Assembly: _____ Institutional: _____ Educational: _____ Utility: _____
Description of use: _____
Construction class of building: Type IA _____ IB _____ IIA _____ IIB _____ IIIA _____ IIIB _____ IV _____ VA _____ VB _____ Description _____
Number of Stories _____ Square footage entire structure: _____ Square footage of proposed project or const. area _____
Lot Size: _____ Describe Fire Alarm: _____ Describe sprinklers or other fire protection: _____
Occupancy load: _____ Structural live load, floor: _____ Risk category (1604.5) _____
Describe foundation type: _____

Describe any existing structures and their current use: _____

Proposed project (check all that apply):

New Construction: _____ Addition: _____ Alteration: _____ Repair: _____ Removal: _____ Change of use: _____ Tenant fit-up: _____ Base building: _____
Estimated cost of project: \$ _____ Permit fee \$ _____ (See Fee Schedule)

Describe project: _____

List of attached drawing numbers and their dates:

Document check list:

- | | |
|--|---|
| <input type="checkbox"/> Architectural and Engineering plans and specifications | <input type="checkbox"/> Energy code compliance documents (Res-Check, Com-Check, or equivalent) |
| <input type="checkbox"/> Plot plan or survey | <input type="checkbox"/> Contractor registration or license (as applicable) |
| <input type="checkbox"/> Manufacturer's specification sheets | <input type="checkbox"/> Schedule of Special Inspections (where required, see IBC chapter 17) |
| <input type="checkbox"/> Letter of permission from licensed /registered contractor to use license/registration for this project (<i>required where applicant is not the named licensee/registrant</i>) | |
| <input type="checkbox"/> Proof of Contractor's workers compensation coverage, or, appropriate DOL alternate document | |

Please also make application simultaneously to the Fire Marshal. Form here: <https://www.cityofwesthaven.com/DocumentCenter/View/5696/Fire-Plan-Review-Application-PDF> *What fire district are you in? Go to: <https://westhavengis.com>. Search for your address, select "Zoom to GIS", go to "Map Layers" and select "Fire Districts"*

Allingtown Fire District:	20 Admiral Street, West Haven, CT 06516	203-933-2541	mesposito@cityofwesthavenfd.org
Center Fire District:	365 Elm Street, West Haven CT 06516	203-931-0031	rsicotte@westhavenfiredept.com
West Shore Fire District:	860 Ocean Avenue, West Haven, CT 06516	203-933-8420	kflood@westshorefd.com

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Agency Approvals (when required)

Fire Marshal, Name: _____	Signature: _____	Date: _____
Health Department, Name: _____	Signature: _____	Date: _____
Sewer Department, Name: _____	Signature: _____	Date: _____
Zoning Enforcement Officer : Name: _____	Signature: _____	Date: _____
<i>Zoning approval notes and restrictions:</i> _____		

City Public Works Dept, Name: _____	Signature: _____	Date: _____
City Engineer, Name: _____	Signature: _____	Date: _____
State Traffic Commission: (<i>attach letter, or have CT DOT official sign here</i>)	Signature: _____	Date: _____

FOR OFFICE USE ONLY:

DESCRIPTION OF APPROVED WORK: _____

Estimated value of work: \$ _____ Fee: \$ _____ Final Cert of Approval/CO: \$ 24.00 Total \$ _____ App. Date: _____

Building Official Approval, Name: _____ Signature: _____ Date: _____

This application for a building permit is governed by the current applicable CT State Statutes, CT State Building and Fire Codes, as amended, and applicable ordinances enacted by the City of West Haven.

MUNICIPAL ORDINANCE 81-8-C Taxes Due

No Permit shall be approved by the West Haven Building Department if it is determined by the Building Official that there are delinquent taxes, or sewer use charges against the property for which an application is made, unless the property owner has entered into a payment program approved by the City Tax Collector to pay-off the delinquent taxes, liens, or sewer use charges, which may be due.

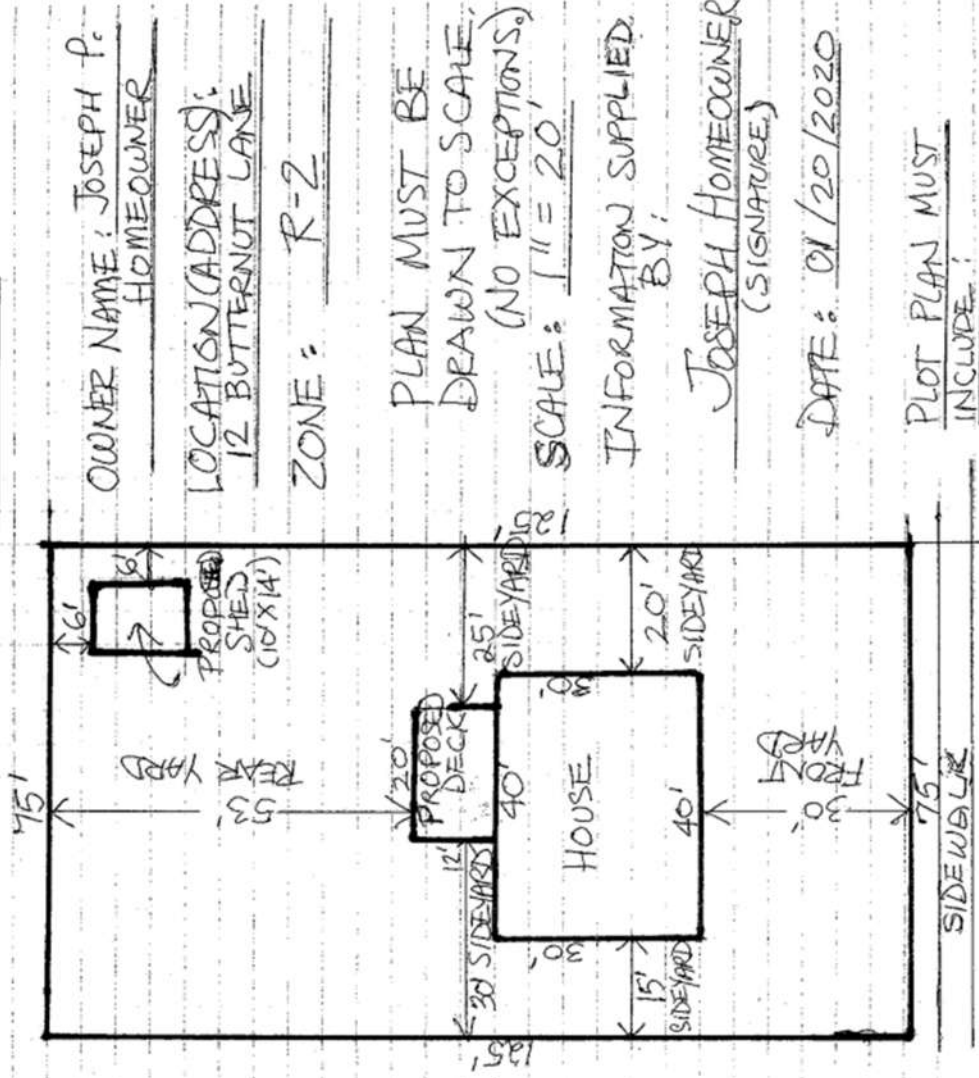
CT State Building Code:
States in part and material relevance:

Section 105.3.1 ACTION ON APPLICATION reads in part: "The Building Official shall examine or cause to be examined application for permits and amendments thereto within 30 days after filing and either issue or deny a permit within such 30 day period. If the application or construction documents do not conform to the requirements of this code and pertinent laws, the Building Official shall reject such application in writing stating the reasons therefore."

Section 105.3.1.1 ZONING APPROVAL reads in part: "No Building Permit shall be issued in whole or in part for a building use or structure subject to the zoning regulations of the municipality without certification in writing by the official charged with enforcement of such regulations that such building, use or structure is in conformity with such regulations or is a valid non-conforming use under such regulations."

Section 105.3.1.2 FIRE MARSHAL APPROVAL reads in part: "No Building permit for a building structure or use subject to the requirements of the CT State Fire Code, [as amended], shall be issued in whole or in part without certification in writing from the local Fire Marshal that the construction documents for such building, structure, or use are in substantial compliance with the requirements of the CT State Fire Code [as amended]."

SAMPLE PLOT PLAN



OWNER NAME: JOSEPH P. HOMEOWNER

LOCATION (ADDRESS):
12 BUTTERNUT LANE

ZONE: R-2

PLAN MUST BE DRAWN TO SCALE, (NO EXCEPTIONS.)
 SCALE: 1" = 20'

INFORMATION SUPPLIED BY:
JOSEPH HOMEOWNER
 (SIGNATURE)

DATE: 01/20/2020

PLOT PLAN MUST INCLUDE:
 - OVERALL PARCEL BOUNDARIES
 - EXISTING STRUCTURES
 - PROPOSED STRUCTURES
 - ALL DRAWN TO SCALE WITH DIMENSIONS FOR:
 - FRONT YARD
 - SIDE YARDS
 - REAR YARD

BUTTERNUT LANE STREET

IF THIS IS A CORNER LOT,
 WHAT IS THE NAME OF OTHER STREET?