

Town of Wallingford Application for Permit BUILDING DEPARTMENT

operty Address:				
vner Name:				
ner Address:				
vner Email Address:			Phone:	
ntractor Name:				
ntractor Address:				
ntractor Email Address:				
ntractor Phone Number:	License Number:			
rmit Type: (please circle 1-only) Building	Electrical	Plumbing	S	Mechanical
operty Type: (please circle 1-only) 1-2 Family 3+ F	amily	Commercial	Industrial	Mixed Use
ptic Well City Sewer City Water (please circle)	Construc	tion Type:	Use Gro	up:
ope of Work: (please attach plans)				
uare Footage: (if applicable)		Construction Value: \$ (must include labor & material, excluding other trades)		
plicant Name:	Applicar	nt Signature:		
(print) Applicant must submit a Letter of Author Contractors must submit copy				or (if applicable)
Do not write belo	ow this dotted	line - Office Use Only	,	
Check Number / Cash:(please circle)				
Departments Required for A	Approvals and	Finals: (please check a	ll that apply)	
□ Fire Marshal			□ Health Dep	
□ Planning & Zoning□ Inland/Wetlands				ewer Division
Inland/WetlandsWLFD Electric Division (service related)			□ Engineerin□ License Ve	g Department rified
n Reviewer Signature:		Approval Da	ate:	

This Is Not A Permit

Permit # ______

Date: _____