



Town of Wallingford Application for Permit BUILDING DEPARTMENT

Date: _____

Property Address: _____

If Commercial, Business Name: _____

Owner Name: _____

Owner Address: _____

Owner Email Address: _____ Phone: _____

Contractor Name: _____

Contractor Address: _____

Contractor Email Address: _____

Contractor Phone Number: _____ License/Reg Number: _____

Permit Type: Building Electrical Mechanical Plumbing

Property Type: 1-2 Family 3+ Family Commercial Industrial Mixed Use

Septic Well City Sewer City Water Construction Type: _____ Use Group: _____

Scope of Work: (please attach plans)

Square Footage: (if applicable) _____

Construction Value: \$ _____

(must include labor & material, excluding other trades)

Applicant Name: _____ Applicant Signature: _____

-Applicant must submit a Letter of Authorization, Workers' Comp Info or is a Sole Proprietor (if applicable).

-Contractors must submit copy of trade license and workers' comp or CT form 7a.

-The above Applicant has hereby been authorized by the Owner of Record to act as the Owner's Agent.

Do not write below this dotted line - Office Use Only

Check Number / Cash: _____
(please circle)

Permit Fee: _____

Departments Required for Approvals and Finals: (please check all that apply)

- Fire Marshal
- Planning & Zoning
- Inland/Wetlands
- WLFD Electric Division (service related)

- Health Department
- Water & Sewer Division
- Engineering Department
- License Verified

Plan Reviewer Signature: _____

Approval Date: _____

Return to: Wallingford Building Department, 45 South Main Street, Rm. 40-G, Wallingford, CT 06492 (203) 294-2005