



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)

- | | |
|---|--|
| <input type="checkbox"/> Fire Marshal | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Planning & Zoning | <input type="checkbox"/> Water & Sewer Division |
| <input type="checkbox"/> Zoning Verification Form | <input type="checkbox"/> Engineering Department |
| <input type="checkbox"/> Inland/Wetlands | <input type="checkbox"/> Roof,Siding Windows Affidavit |
| <input type="checkbox"/> WLFD Electric Division (service related) | <input type="checkbox"/> 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