

APPLICATION FOR PERMIT- TOWN OF COVENTRY, CT

PERMIT # _____

ZONING PERMIT# _____

Permit type- Building Plumbing Mechanical Electrical Gas Zoning

Address of Job (street name and No.#)		
Property Owner	Address (if different)	Telephone #
Applicant/Contractor	Address	Telephone #
Lic.# , Type, Exp. Date	Name & Contact No.# of person to contact for Questions & Upon Approval	

Residential Commercial Industrial Public Specific Use _____ Zone _____

Description of Proposed Activity: _____

SIZE OF PROPOSED STRUCTURE:

of Stories _____ Height _____ Depth _____ Front _____ Total New Floor Area _____
 Lot Size _____

Documents Submitted/ Attached:

Health Permit Building Plans Plot Plans Manufacturer's Literature Heat Loss/Gain
 RESCHECK/COMCHECK

Flood Hazard Zone: _____ Yes _____ No _____ Inland Wetlands/Watercourses _____
 Agency, Commission or Board actions: _____ IWA _____ PZC _____ ZBA

TOTAL CONSTRUCTION VALUE (Contracted Price of Labor & Materials) _____

All work covered by this application have been authorized by the owner or agent of this property and will be done according to all State regulations. This permit will lapse/ expire if work does not commence within six months and is not continuously worked on. I hereby acknowledge that this permit requires inspections from the Building Officials

This permit, if issued, is based upon the plot plan submitted. Falsification by misrepresentation or failure to comply to comply with the conditions of approval of this permit shall constitute a violation of the Town of Coventry Zoning Regulations. Agents of the Town of Coventry are authorized to enter upon the property for the purpose of inspection and verification of compliance with the terms of this permit.

 Date Owner or Agent Signature

OFFICE USE ONLY BELOW THIS LINE

<u>VALUE</u>	<u>FEE</u>	<u>APPROVALS/DATE</u>
Construction _____	_____	Zoning _____
<input type="checkbox"/> Electrical		
<input type="checkbox"/> Plumbing		Wetlands _____
<input type="checkbox"/> Heating		
Air Conditioning _____	_____	Fire Marshal _____
Health Dept. (Plan / B-100/ Permit/ Soil) _____	_____	
Zoning _____	_____	Sanitarian _____
Fire Marshal. (Plan review/ Permit) _____	_____	
Demolition _____	_____	
Other _____	_____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
TOTAL _____	_____	_____

USE GROUP _____ TYPE OF CONSTRUCTION _____ Date _____ Building Official _____ TAXES VERIFIED _____