

TOWN OF WEST HARTFORD BUILDING/ZONING PERMIT APPLICATION

Application Date: ___ / ___ /21 Application #PRBD2021 _____



Construction Type: Check One

- VB = Unprotected Wood Frame **(Most single family residential is VB)**
- VA= Protected Wood Frame Construction IV= Heavy Timber Frame
- IIIA IIIB IIA IIB IA IB
- Unknown Must Verify

Received by:

*Proposed Occupancy Type: Check One

- One Family Home Two Family Home Three Family Home
- R-1 R-2 R-3 R-4 I-1 I-2 I-3 I-4
- B M H-1 H-2 H-3 H-4 H-5 F-1
- F-2 E A-1 A-2 A-3 A-4 A-5 S-1 S-2

If project will result in a **Change of Occupancy** please list existing occupancy* _____.

*Refer to 2018 CT State Building Code (2015 IBC Chapter 3 for definitions of Occupancy Types.)

Description of Work _____

_____.

Value of Work: \$ _____ * Proposed Work Area: _____ s/f²

*(Excluding Plumbing, Heating, Electrical, Sprinkler or Fire Protection)

Total Fee Paid: \$ _____ CO Fee Paid: _____ Check # _____

JOB LOCATION: _____

HISTORIC DISTRICT Y ___ or **N** ___. If the property is in a Historic District, we will forward this form to the Historic Commission.

Business Name/Space # (if applicable): _____

Property Owner Name(s): _____

Property Owner Address: _____

Telephone # _____ Fax # _____ Cellphone # _____

Property Owner E-mail Address(es): _____

Applicant Business Name: _____

Applicant Name: _____ Registration/Lic#: _____ Exp. Date: _____

Applicant Address: _____

Phone: _____ Fax: _____ Cell: _____ Email Address: _____

List Supporting Documentation Submitted: _____

SEE OTHER SIDE TO COMPLETE REQUIRED INFORMATION AND SIGNATURES

**NOTE- Energy Code Compliance required on new construction and additions.*

Town of West Hartford, Building Department, 50 South Main Street, West Hartford, CT 06107 (860)561-7530

TO THE BUILDING DEPARTMENT, TOWN OF WEST HARTFORD, CT: I, _____ the undersigned, hereby agree to conform to and comply all the requirements the State of Connecticut and Town of West Hartford laws and guidelines. I also agree to notify the Building Inspector of any alteration in the building plans or specifications that have submitted or caused to be submitted for which this permit is requested. Finally, I agree that this building is to be located the proper distance from all street lines, side yard lines, rear yard lines and the required distances from all other zones, and is located in a zone within which this building and its use is permitted.

PLEASE CHECK OF ONE OF THE BELOW BOXES:

CERTIFICATION: I hereby certify that: I am the owner of record of the named property OR: that I am the agent of the owner of record who has authorized the proposed work, and I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. No work shall be started until after The Town of West Hartford has approved and signed the applicant's permit application.

Please Note: If the Historic District Commission has designated this property as a historic property, the Town of West Hartford will forward this application to the Commission as part of the statutorily required review process.

_____	OR	_____
Signature of Property Owner		Signature of Authorized Agent
_____		_____
Print Name of Property Owner		Print Name of Authorized Agent

Connecticut General Statute § 31-286b(a) states a building official may not issue a building permit until either (1) Proof of Workers' Compensation **OR** (2) Insurance Form #7B is signed and **NOTARIZED** by either owner or sole proprietor. The Town of West Hartford will not issue the permit if it does not receive this required information.

This information given to the Town of West Hartford is only in support of permit application. No work can start until applicant has received the signed approved permit.

CURRENT EDITION OF BUILDING CODE IN EFFECT IS 2018 CONNECTICUT STATE BUILDING CODE

Please do not write below this line. For Town use only.

Zoning Approval _____ **Date of Zoning Approval** _____

Conditions of Zoning Approval _____

Building Approval _____ **Date of Building Approval** _____

Conditions of Building Approval. _____

Fire Approval _____ **Date of Fire Approval** _____

Conditions of Fire Approval _____

Health Approval _____ **Date of Health Approval** _____

See Health Department for list of conditions, if any, of approval.