



APPLICATION FOR PERMIT

CT STATE BUILDING CODE / CT STATE FIRE SAFETY CODE

TOWN OF MANSFIELD

Rev. 3/1/14

CONTACT INFO:	HOURS:	NOTES: ORIGINAL PERMITS ACCEPTED ONLY. FAX OR EMAILED COPIES WILL NOT BE ACCEPTED. MUST CALL AT LEAST 24 HOURS IN ADVANCE FOR INSPECTIONS. PHOTOS WILL NOT BE ACCEPTED IN LIEU OF INSPECTIONS.
4 S. EAGLEVILLE ROAD MANSFIELD, CT 06268 PHONE: 860-429-3324	MON-WED: 8:15 AM - 4:30 PM THURSDAY: 8:15 AM - 6:30 PM FRIDAY: 8:00 AM - 12:00 NOON	

FEES: Based on total cost of job rounded up to nearest \$1,000 (Except Minimum Fee)

IF VALUE IS:	BUILDING PERMIT FEES:		IF FIRE MARSHAL FEES APPLY:	DEMOLITION:	APPLICATION RECEIVE DATE:
	RESIDENTIAL*	COMMERCIAL		RES & COMM	
\$0 - \$1,000	\$25.26 MIN FEE	\$25.26 MIN FEE	\$50.26 MIN FEE	\$25.00 MIN FEE	
OVER \$1,000	\$13.51 PER \$1,000	\$15.51 PER \$1,000	\$22.26 PER \$1,000	\$12.50 PER \$1,000	

NOTES: (PLEASE CALL THE OFFICE FOR ASSISTANCE ON FEES, IF NECESSARY)

1. *RESIDENTIAL PERMITS APPLY TO 1 & 2 FAMILY DWELLINGS & TOWNHOUSES.
2. DO NOT ADD MINIMUM FEE TO JOBS WITH VALUES OVER \$1,000.
3. IF FIRE MARSHAL FEES APPLY, USE FIRE MARSHAL FEES ONLY, NOT BUILDING FEES.
4. LIST OF ALL PERMIT FEES ON SCHEDULE AT WWW.MANSFIELDCT.GOV.

PLEASE PRINT OR TYPE

PERMIT # WILL BE ISSUED UPON APPROVAL

MULTIPLE UNITS REQUIRE SEPARATE PERMIT APPLICATIONS			PERMIT #	TYPE
PROPERTY LOCATION / STREET ADDRESS		LOT #	UNIT #	SEND PERMIT TO: <input type="checkbox"/> OWNER <input type="checkbox"/> APPLICANT
OWNER'S NAME (AS IT APPEARS IN THE LAND RECORDS)			NAME OF BUSINESS WHERE WORK IS TO BE PERFORMED	
HOME PHONE #	WORK/OFFICE PHONE #	CELL #	EMAIL ADDRESS	
APPLICANT'S NAME		COMPANY NAME		
APPLICANT'S ADDRESS		TOWN/CITY	STATE	ZIP CODE
HOME PHONE #	WORK/OFFICE PHONE #	CELL #	EMAIL ADDRESS	
CONTRACTOR/GENERAL CONTRACTOR			LICENSE OR REGISTRATION #	

PERMIT TYPE & COST:	TYPE OF PERMIT (CHECK ONE) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> BOTH					
	IS THIS PROPERTY IN A HISTORICAL DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	If "YES" is checked and application is for exterior work, a Certificate of Appropriateness is required unless Zoning approval has been obtained.					
	<input type="checkbox"/> BUILDING	ESTIMATED COST: _____				
	<input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> TENANT FITOUT					
	<input type="checkbox"/> ELECTRICAL CRS# _____	ESTIMATED COST: _____				
	Code Edition:					
	<input type="checkbox"/> 2011 NEC <input type="checkbox"/> 2009 IRC					
	<input type="checkbox"/> SOLAR PHOTOVOLTAIC	ESTIMATED COST: _____				
	<input type="checkbox"/> HVAC <input type="checkbox"/> GEOTHERMAL <input type="checkbox"/> SOLAR	ESTIMATED COST: _____				
	<input type="checkbox"/> PLUMBING	ESTIMATED COST: _____				
	<input type="checkbox"/> FIRE PROTECTION	ESTIMATED COST: _____				
	<input type="checkbox"/> DEMOLITION	ESTIMATED COST: _____				
	<input type="checkbox"/> OTHER _____	ESTIMATED COST: _____				
	CHECK BOX IF FEE PAID PREVIOUSLY				TOTAL COST: _____	
PROJECT TYPE:	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> REPAIR/REPLACEMENT	<input type="checkbox"/> CHANGE OF USE			
	<input type="checkbox"/> ADDITION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> INSPECTION ONLY			
	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> RELOCATION				
CONSTRUCTION TYPE:	<input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B	<input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 4	<input type="checkbox"/> 5A <input type="checkbox"/> 5B			
USE GROUP(S):	<input type="checkbox"/> A-1 <input type="checkbox"/> B <input type="checkbox"/> F-1 <input type="checkbox"/> H-1 <input type="checkbox"/> I-1 <input type="checkbox"/> R-1 <input type="checkbox"/> S-1	<input type="checkbox"/> A-2 <input type="checkbox"/> E <input type="checkbox"/> F-2 <input type="checkbox"/> H-2 <input type="checkbox"/> I-2 <input type="checkbox"/> R-2 <input type="checkbox"/> S-2	<input type="checkbox"/> A-3 <input type="checkbox"/> M <input type="checkbox"/> H-3 <input type="checkbox"/> I-3 <input type="checkbox"/> R-3	<input type="checkbox"/> A-4 <input type="checkbox"/> H-4 <input type="checkbox"/> I-4 <input type="checkbox"/> R-4 <input type="checkbox"/> U	<input type="checkbox"/> A-5 <input type="checkbox"/> H-5 <input type="checkbox"/> IRC	
	MIXED USE:					
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SEPARATED <input type="checkbox"/> NONSEPARATED					

PROPERTY LOCATION/STREET ADDRESS	LOT #	UNIT #
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HEIGHT OF BUILDING: Stories: _____ Feet: _____	TOTAL SQUARE FEET OF BUILDING:
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LIST BELOW THE GROSS SQUARE FOOTAGE OF EACH STORY, ABOVE AND BELOW GRADE:

Story	Area in Sq. Ft.	Occupant Load	Story	Area in Sq. Ft.	Occupant Load	Story	Area in Sq. Ft.	Occupant Load

ARCHITECT'S INFORMATION (ATTACH AS APPLICABLE)	LICENSE #
ENGINEER'S INFORMATION (ATTACH AS APPLICABLE)	LICENSE #
INTERIOR DESIGNING: (ATTACH AS APPLICABLE)	REGISTRATION #

DOCUMENTS SUBMITTED & DESCRIPTION OF WORK TO BE DONE	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> BUILDING PLANS # OF SETS _____ <input type="checkbox"/> CALCULATIONS <input type="checkbox"/> DETAILS <input type="checkbox"/> HEAT LOSS <input type="checkbox"/> SITE PLANS <input type="checkbox"/> SEALED TRUSS PLANS <input type="checkbox"/> WORKER'S COMPENSATION PROOF OF INSURANCE OR AFFIDAVIT </div> <div style="width: 30%;"> <input type="checkbox"/> BUILDING SECTIONS <input type="checkbox"/> BUILDING ELEVATIONS <input type="checkbox"/> THRESHOLD REVIEW <input type="checkbox"/> ENGINEERED LUMBER <input type="checkbox"/> HIC OR NHC LICENSE <input type="checkbox"/> MANUFACTURER'S LITERATURE <input type="checkbox"/> STATEMENT OF SPECIAL INSPECTIONS </div> <div style="width: 30%;"> <input type="checkbox"/> REPORTS <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> PHOTOGRAPHS <input type="checkbox"/> REScheck <input type="checkbox"/> COMcheck </div> </div> <p>DESCRIPTION OF WORK: _____</p> <p>_____</p> <p>_____</p>
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CERTIFICATION:	<input type="checkbox"/> I certify under penalty of false statement that I am the owner or authorized agent of the owner of this property, and that based on my reasonable investigation, all statements in the application are true and complete to the best of my knowledge.
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APPLICANT'S SIGNATURE:	APPLICANT'S SIGNATURE	DATE
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FOR DEMOLITION PERMITS: OWNER MUST ALSO SIGN BELOW IF CONTRACTOR IS APPLYING FOR PERMIT

DEMOLITION CERTIFICATION:	<input type="checkbox"/> Owner: I intend to comply with the provision of the State Demolition Code. <input type="checkbox"/> Contractor: I intend to comply with the provision of the State Demolition Code.
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OWNER'S SIGNATURE: (MUST SIGN)	OWNER'S SIGNATURE	DATE
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DEMO CONTRACTOR'S SIGNATURE:	DEMOLITION CONTRACTOR'S SIGNATURE	DATE
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DO NOT WRITE BELOW: BUILDING OFFICIAL'S USE ONLY

ZONING AGENT APPROVAL	HEALTH DISTRICT APPROVAL	FIRE MARSHAL APPROVAL
RESIDENTIAL	COMMERCIAL PERMITS	NEW RESIDENTIAL DWELLINGS ONLY
Estimated Cost: \$ _____	Estimated Cost: \$ _____	Plan Review Fee: \$ 250.00
Building Permit Fee: \$ _____	Building Permit Fee: \$ _____	Total Units: \$ _____
Fire Marshal Fee: \$ _____	Fire Marshal Fee: \$ _____	Notary Fee: \$ _____
Educational Fee: \$ _____	Educational Fee: \$ _____	AMOUNT RCVD: \$ _____
Notary Fee: \$ _____	Notary Fee: \$ _____	Plan Rev: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____
Inspection Only: \$ _____	Penalty Fee: \$ _____	Estimated Cost: \$ _____
Foundation Cost: \$ _____	Foundation Cost: \$ _____	Permit Fee: \$ _____
Foundation Fee: \$ _____	Foundation Fee: \$ _____	Educational Fee: \$ _____
Foundation Ed Fee: \$ _____	Found Ed Fee: \$ _____	TOTAL FEES DUE: \$ _____
TOTAL (BLDG): \$ _____	TOTAL (BLDG): \$ _____	Minus Prev Pmt: \$ _____
TOTAL (FM): \$ _____	TOTAL (FM): \$ _____	BALANCE DUE: \$ _____
TOTAL DUE: \$ _____	TOTAL DUE: \$ _____	Bal Rcvd: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____	Date Balance Received: _____
<input type="checkbox"/> FEE INCLUDED IN MAIN PERMIT	<input type="checkbox"/> FEE INCLUDED IN MAIN PERMIT	Other Fees Due: \$ _____

APPROVED:	BUILDING OFFICIAL'S SIGNATURE	DATE
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