

PHONE (860) 693-7854  
FAX (860) 693-7884

TOWN OF CANTON, CT  
BUILDING PERMIT APPLICATION

P.O. BOX 168  
COLLINSVILLE, CT 06022

PROPERTY ADDRESS \_\_\_\_\_

EST. COST OF JOB \_\_\_\_\_ COST OF PERMIT \_\_\_\_\_ CASH/CHECK# \_\_\_\_\_ BLANKET FEE

TYPE OF PERMIT: RESIDENTIAL  COMMERCIAL  NEW CONST/ADDITION  RENOVATION

BUILDING  HVAC/MECH  PLUMBING  ELECTRICAL  OTHER

DESCRIPTION OF WORK: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OWNER	CONTRACTOR
ADDRESS	ADDRESS
TOWN ZIP	TOWN ZIP
HOME PHONE # WORK PHONE #	LICENSE # WORK PHONE #
EMAIL:	EMAIL:

**\*\*AFFIDAVIT AND AGREEMENT\*\***

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY WHICH IS THE SUBJECT OF THIS APPLICATION OR THE AUTHORIZED AGENT OF THE PROPERTY OWNER; I AGREE TO CALL AT LEAST 24 HRS. IN ADVANCE FOR EACH INSPECTION INDICATED ON THIS PERMIT; I AGREE TO UNCOVER AND EXPOSE ANY WORK WHICH IS COVERED OR CONCEALED WITHOUT INSPECTOR'S APPROVAL; I UNDERSTAND THAT WHEN A PERMIT IS ISSUED, IT IS A PERMIT TO PROCEED AND GRANTS NO RIGHTS TO VIOLATE ANY CODE, ORDINANCE OR STATUTE, REGARDLESS OF WHAT MAY BE SHOWN OR OMITTED ON THE SUBMITTED PLANS AND SPECIFICATIONS REGARDLESS OF ANY AGREEMENT WITH ANY OFFICIAL.

**I HAVE READ AND AGREE TO ALL THE ABOVE**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*REQUIRED INSPECTIONS\*\***

- FOOTING (FORMS IN PLACE BEFORE CONCRETE)
- DAMPPROOF/WATERPROOF/DRAINS
- INGROUND MEP
- GAS PRESSURE TEST
- ROUGH FRAME/MEP
- INSULATION/ENERGY
- FINAL INSPECTION
- CERTIFICATE OF OCCUPANCY/COMPLETION

**\*\* OTHER APPROVALS OR PERMITS REQUIRED \*\***

- FIRE MARSHAL \_\_\_\_\_
- FVHD \_\_\_\_\_
- DRIVEWAY \_\_\_\_\_
- TAX \_\_\_\_\_
- ZONING \_\_\_\_\_
- WETLANDS \_\_\_\_\_
- WPCA \_\_\_\_\_
- CT WATER \_\_\_\_\_

**\*\* THIS PERMIT IS NOT VALID UNTIL SIGNED BY THE BUILDING OFFICIAL \*\***

PERMIT # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ DATE CLOSED \_\_\_\_\_

BUILDING OFFICIAL COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BUILDING OFFICIAL SIGNATURE \_\_\_\_\_