

Assessor \_\_\_\_\_

**City of Torrington**  
**Building Department**  
140 Main Street Torrington, CT 06790 (860) 489-2244

Permit Number \_\_\_\_\_

**Application For Building Permit**

Date: \_\_\_\_\_

Use group \_\_\_\_\_

Construction classification \_\_\_\_\_

Permit type: **Alteration**

**Addition**

**Renovation**

**New Construction**

**Job location**

Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**Owner's Information**

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contractor Information**

Contractor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Architects and Engineer information**

Architects Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Engineer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I, hereby certify that I am the owner or the owner of record authorizes the work proposed, and that I have been authorized by the owner to make this application as an authorized agent. We agree to conform to all applicable laws of this jurisdiction and the CT State Building Code.**

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**WHAT ARE YOU BUILDING?** \_\_\_\_\_

(brief description) \_\_\_\_\_

**Check all that apply**    ☐ Proposed Use    ☐ Existing Use    ☐ New Construction    ☐ Addition  
☐ Commercial    ☐ Restaurant    ☐ Industrial    ☐ Hospital    ☐ Residential  
☐ Temporary Structure    ☐ Accessory Structure    ☐ Other: \_\_\_\_\_

Flood Plain ?    ☐ yes    ☐ no    If yes attach form    Mixed Use? \_\_\_\_\_

**Water/Sewer Information**

(Check the appropriate)

Public Water Supply \_\_\_\_\_

Private/Well Water \_\_\_\_\_

Public Sewer \_\_\_\_\_

Private/Septic \_\_\_\_\_

**General Building Data**

How many stories is the structure ? \_\_\_\_\_ Special Inspections? \_\_\_\_\_

Automatic sprinklers? \_\_\_\_\_ Fire or smoke alarms? \_\_\_\_\_

Are there Stories below grade ? yes \_\_\_\_\_ no \_\_\_\_\_ How many ? \_\_\_\_\_ Sq.Ft. \_\_\_\_\_

Gross Sq. ft per floor is ? \_\_\_\_\_ Gross Sq. ft. of entire structure is ? \_\_\_\_\_

**The following departments need notification and are required to sign off prior to Building Permit Issuance:***Do not write below this line – For Office Use Only*

Required ?	Department	Signature
<input type="radio"/> Yes <input type="radio"/> No	City Planner/Zoning/Inland Wetland PH:860-489-2220/ FAX:860-496-5928	_____
<input type="radio"/> Yes <input type="radio"/> No	Engineering PH:860-489-2234/FAX:860-489-2550	_____
<input type="radio"/> Yes <input type="radio"/> No	Fire Marshal PH:860-489-2534/FAX:860-489-2563	_____
<input type="radio"/> Yes <input type="radio"/> No	Water PH:860-489-4149/FAX:860-496-7889	_____
<input type="radio"/> Yes <input type="radio"/> No	WPCA PH:860-485-9166/FAX:860-485-0730	_____
<input type="radio"/> Yes <input type="radio"/> No	Health PH:860-489-0436/FAX:860-496-8243	_____

“If your property is served by a septic system and or a well, you must first get approval from the Torrington Area Health District. Their office is at 350 Main Street, Torrington. Hours are MON-FRI, 8am-4pm. [www.tahd.org](http://www.tahd.org).”

• <b>Estimated Cost of General Construction:</b>	\$ _____
--	----------

Please note: The City of Torrington Building Department has separate Mechanical, Electrical and Plumbing Permits.  
The pricing of these components should not be included in the cost of general construction.

I, the undersigned, to the best of my knowledge do solemnly swear that the plans submitted and all of the aforementioned information is accurate and true. I understand that it is my responsibility to coordinate all of the necessary inspections for the duration of the project. I will require Workers Compensation for all people associated with this permit. I will call for a Certificate of Occupancy Inspection and will provide in writing all necessary signoffs.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Permit Fee: \_\_\_\_\_

State Ed. Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

C.O./Compliance Fee: \_\_\_\_\_

Work Without Permit: \_\_\_\_\_

Credit Card Fee: \_\_\_\_\_

Total Fee: \_\_\_\_\_

Issued By: \_\_\_\_\_

Date: \_\_\_\_\_