

# Town of Litchfield

## Building Permit Application

Estimated Value: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_

*\$10 for the first \$1,000*

*\$5 for each additional \$1,000 or part thereof*

**Office Use Only**

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

Date of Application: \_\_\_\_\_

### Applicant:

Name: _____
Address: _____
Town: _____ State: ____ Zip: _____
Phone: _____ Registration #: _____ Expiration Date: _____ (not applicable for owner)

### Owner:

Name: _____
Address: _____
Town: _____ State: ____ Zip: _____

### Job Location:

Street Number: ____ Street: _____
Map: _____ Block: _____ Lot: _____

**Office Use Only**

Type of Job:

Type of Construction:

Use Group:

Zoning Permit#:

C-404:

### Remarks:

---



---



---

*Turn to the back if more space is needed*

This is to certify that I am the owner or lessee of the building or structure, or agent of either, or a licensed engineer or architect employed in connection with the proposed work. All work covered by this application will be done according to the Connecticut Building Code. As the applicant I understand that a certificate of Use and Occupancy document is required before occupancy.

Signature

Date