



TOWN OF PORTLAND

P.O. Box 71, 33 East Main Street, Portland, CT 06480

Phone: 860-342-6727 Fax: 860-342-6787

BUILDING PERMIT APPLICATION

WORK NOT TO COMMENCE UNTIL PERMIT IS OBTAINED.

Permit number \_\_\_\_\_

Project Location Information:

Property Address \_\_\_\_\_ Parcel ID \_\_\_\_\_ Map \_\_\_\_ Lot \_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Property Owner's Mailing Address \_\_\_\_\_ Email Address \_\_\_\_\_

Applicant /Contractor Information: CRS# (if applicable) \_\_\_\_\_

Name/Business Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Applicant/Contractor's Mailing Address \_\_\_\_\_ Email Address \_\_\_\_\_

CT DCP License # \_\_\_\_\_ Proof of Worker's Compensation Coverage (Form 7-A, 7-B, 7-C)

Certification I hereby certify that I am: [ ] the property owner or [ ] the authorized agent of the owner of record for the referenced property for the proposed work as described on this application and accompanying documents. I agree to conform and abide by all applicable laws, codes, ordinances, and regulations adopted by the Town of Portland. All information contained within is true and accurate to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit Type [ ] Commercial [ ] Residential [ ] Building [ ] Electrical [ ] Plumbing [ ] Mechanical

Description of work \_\_\_\_\_

Check applicable [ ] Septic system [ ] Well water [ ] Town sewer [ ] Town water

Proposed use \_\_\_\_\_ Occ. Load \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

Number of rooms \_\_\_\_\_ Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ 3 or more family [ ] Yes [ ] No
If yes, route to F.M.

Attach plans for floor plan changes or equipment location.

Box containing permit fee details: B \_\_\_\_\_ TE \_\_\_\_\_ Z \_\_\_\_\_ CO \_\_\_\_\_ S \_\_\_\_\_ Permit Fee Total \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash Check# \_\_\_\_\_

\*Fees calculated at \$25 for the first thousand, \$15 for each thousand thereafter Effective 4/1/2020

Other department approval CHD \_\_\_\_\_ Zoning \_\_\_\_\_ FM \_\_\_\_\_ DPW \_\_\_\_\_ IW \_\_\_\_\_
(Circle applicable, initial when approved)

Application [ ] Approved [ ] Denied \_\_\_\_\_ Peter Willse, Building Official \_\_\_\_\_ Date \_\_\_\_\_

Date received stamp

Tax stamp



## TOWN OF PORTLAND

P.O. Box 71, 33 East Main Street, Portland, CT 06480

Phone: 860-342-6727 Fax: 860-342-6787

### BUILDING PERMIT APPLICATION

**You, the owner, agent, or applicant, are responsible to call the building department at 860-342-6727 or 860-342-6728 for all required inspections, including final inspection, prior to occupancy.**

#### MINIMUM REQUIRED INSPECTIONS:

**Soil/footings:** Forms in place prior to placing concrete

**Foundations:** Rebar inspection

**Backfill:** Forms stripped, water-proofing applied, and drains installed

**Underslab:** Rough electrical, mechanical, and plumbing with appropriate tests  
Vapor barrier in place prior to concrete placement

**Electrical, plumbing, and mechanical:** Rough-in, tests, and fire-stopping

**Framing:** Have truss specification sheets on site, also includes fire/draft blocking and stopping systems

**Insulation:** Prior to drywall

**Acoustical ceiling:** Grid installed, fixtures supported, all trades utilizing space completed, prior to installation of tiles.

**Final inspection:** All trade work completed and final testing of systems has been witnessed and approved by the Authority Having Jurisdiction.

**Other comments:** \_\_\_\_\_

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

**CERTIFICATION OF COMPLIANCE/USE** This is to certify that the work on this structure as described in this permit is complete and in substantial compliance with the Connecticut State Building Code as amended in 2018.

Property Address \_\_\_\_\_ Permit Number \_\_\_\_\_

\_\_\_\_\_

Peter Willse, Building Official

\_\_\_\_\_

Date of Occupancy or Use