PLEASE PRINT OR TYPE	TOWN OF MIDDLEBURY **BUILDING PERMIT APPLICATION**	

For Town of Middlebury use only

TAX COLLECTOR	DATE:	MAP: PERMIT FEE:	LOT:
ESTIMATED COST OF CONSTRUCTION: $ *(Labor and Materials)*		$	PLAN REVIEW FEE: $

*****To be completed by Applicant – PLEASE PROVIDE ALL REQUIRED INFORMATION OR APPLICATION CANNOT BE REVIEWED***

PROPERTY ADDRESS: _____ AREA: _____ ZONE: _____

USE OF STRUCTURE:: PREVIOUS: _____ PROPOSED: _____

OWNER: _____ ADDRESS: _____ TEL: _____

CONTRACTOR: _____ TEL: _____ FAX: _____

CONTRACTOR'S ADDRESS: _____ LIC/REG NO.: _____ EXPIRES: / /

ARCH/ENGINEER _____ ADDRESS: _____ TEL: _____

CONNECTICUT LIC. NO.: STAMPED CONSTR. DOCS. ☐ YES ☐ NO C of O REQ ☐ YES ☐ NO

DESCRIPTION OF WORK TO BE PERFORMED:

USE OF EACH FLOOR

Bsmt. _____

1st _____

2nd _____

3rd _____

Other

CODE EDITION:

TYPE OF PROJECT
(Check all that apply)

- ☐ NEW CONSTRUCTION
- ☐ ADDITION
- ☐ INTERIOR ALTERATION
- ☐ CHANGE OF USE
- ☐ ACCESSORY STRUCTURE

PROPOSED USE (RESIDENTIAL)

- ☐ R-1 HOTELS
- ☐ R-2 APARTMENTS
- ☐ R-3 1 & 2 FAMILY (4 Stories +)
- ☐ R-4 ASSISTED LIVING
- ☐ 1- & 2-FAMILY (DETACHED)
- ☐ 1- & 2-FAMILY (ATTACHED)
- ☐ 1-FAMILY TOWNHOUSES
- ☐ ACCESSORY STRUCTURE
- ☐ FIREPLACE
- ☐ OTHER _____

PROPOSED USE (NON-RESIDENTIAL)
(Check all that apply)

☐ A-1 THEATERS	☐ H-2 HIGH HAZARD
☐ A-2 RESTAURANT	☐ H-3 HIGH HAZARD
☐ A-2 NIGHT CLUB	☐ H-4 HIGH HAZARD
☐ A-3 ASSEMBLY	☐ H-5 HIGH HAZARD
☐ A-4 ARENAS	☐ I-1 INSTITUTIONAL
☐ A-5 ASSEMBLY (OUT)	☐ I-2 INSTITUTIONAL
☐ B BUSINESS	☐ I-3 INSTITUTIONAL
☐ B MEDICAL BUSINESS	☐ I-4 INSTITUTIONAL
☐ E EDUCATIONAL	☐ M MERCANTILE
☐ F-1 FACTORY (MOD)	☐ S-1 STORAGE (MOD)
☐ F-2 FACTORY (LOW)	☐ S-2 STORAGE (LOW)
☐ H-1 HIGH HAZARD.	☐ U UTILITY / MISC

MIXED USES: ☐ SEPARATED ☐ NON-SEPARATED

TYPE OF CONSTRUCTION
(Check only one)

☐ IA	☐ IIB	☐ IV
☐ IB	☐ IIIA	☐ VA
☐ IIA	☐ IIIB	☐ VB

RESIDENTIAL *(Complete for new buildings, additions & alterations)*

SINGLE FAMILY

____ TOTAL SINGLE FAMILY DWELLING UNITS

____ TOTAL NO. OF BEDROOMS

TOTAL NO. OF BATHS ____ FULL ____ HALF

MULTI-FAMILY

____ TOTAL NO. OF KITCHENS

TOTAL NO. OF BATHS ____ FULL ____ HALF

TOTAL NO. OF APARTMENTS BY BEDROOM

____ EFFIC.	____ 2 BR	____ 4 BR
____ 1 BR	____ 3 BR	____ 5 BR

BUILDING DIMENSIONS

NO. OF STORIES _____ BASEMENT ☐ YES ☐ NO

BLDG. HT. _____ BLDG WIDTH ___ BLDG DEPTH ___

NO. OF STORIES _____

TOTAL FLOOR AREA (EXCL. BASEMENT) _____

RESIDENTIAL ELECTRICAL:

- ☐ 2012 IRC Electrical Chapters
- ☐ 2014 NEC (NFPA 70)

RESIDENTIAL ENERGY CONSERVATION

- ☐ 2012 IECC PRESCRIPTIVE REQUIREMENTS
- ☐ REScheck Evaluation Report

WATER SUPPLY

- ☐ PUBLIC
- ☐ PRIVATE (Off-Site)
- ☐ WELL (On-Site)

FLOOD HAZARD

FLOOD ZONE ☐ YES ☐ NO

Elev. (MSL) of lowest floor (including Basement) _____

Elev. (MSL) of 100 year flood _____

ESTIMATED COST (LABOR & MATERIALS)

GENERAL COST $ _____

SUB-TRADES *(Do not include in the above cost)*

ELECTRICAL $ _____

PLUMBING & PIPING $ _____

HEATING AND A/C $ _____

FIRE SUPPRESSION $ _____

ELEVATOR & OTHER $ _____

TOTAL $ _____

APPROVED

_____ BO / ABO

_____ DATE

****PLEASE CHECK ALL APPLICABLE ITEMS AND ENTER ALL REQUESTED DATA. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION MAY DELAY THE REVIEW PROCESS.**

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of the property described herein and the undersigned agree to conform to all applicable laws, codes, and ordinances.

APPLICANT'S NAME (Print): _____

APPLICANT'S SIGNATURE: _____ DATE: ____/____/____ TEL. NO. _____

TOM DBHL Form BPA
Rev. 10/16