TOWN OF MIDDLEBURY COVID-19 SPECIAL BUILDING PERMIT APPLICATION

PLEASE PRINT OR TYPE



					co	NNECTICUT	
TAX COLLECTOR	MAP:		LOT:				
ESTIMATED COST OF CONSTRUCTION:				PLAN REVIEW			
(Labor and Materials)			PERMIT FEE: PERMIT	WAIVED	FEE: \$		N/A
(Labor and Materials)			DATE:		PERMIT NO:		
To be completed by Applicant – PLEASE PROVIDE ALL REQUIRED INFORMATION OR APPLICATION CANNOT BE REVIEWED							
PROPERTY ADDRE	SS:		AREA:		ZONE:		
USE OF	PREVIOUS:		PROPOSED:				
STRUCTURE::		455550	-		TEI		
OWNER:		ADDRESS:			TEL: CELL:		
CONTRACTOR:			TEL:		REQUIRED		
CONTRACTOR'S ADDRESS:			LIC/REG NO.:		EXPIRES:		/
ARCH/ENGINEER		ADDRESS:	_		- TEL:		
CONNECTICUT LIC.					C of O REQ		
NO.:					OUOREQ	YES	NO
					BUILDING I	NSPEC	TOR'S
BRIEF DESCRIPTION OF WORK TO BE PERFORMED:						DTES	TORO
		I	\ <u></u>				
TYPE OF PROJECT (Check all that apply)		STRUCTURE DIME	NTIONS				
□ SEATING HEIGHT:							
☐ TENT		WIDTH:					
□ ELECTRIC LENGTH:							
APPROVED							
			ВО	/ ABO			
			DA	TE			
		IS AND ENTER ALL		ATA. FAILUI	RE TO PROVID	E COM	PLETE
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.							
the property describe	a nerem and the unde	raigined agree to come	onn to all applical	oic iaws, coc	ics, and ordinal	1003.	
APPLICANT'S NAME (Print):			CELL PHONE #:				
APPLICANT'S SIGNATURE:			[DATE:			