

TOWN OF GREENWICH  
 Town Hall - 101 Field Point Rd.,  
 Greenwich, CT 06830  
 Division of Building Inspection, DPW  
 203-622-7754 Fax 203-622-7848

Permit No. _____
Date Issued _____

## Building Permit Application NEW BUILDING OR STRUCTURE

Project Address: _____	Tax ID: _____
Property Owner: _____	Address: _____
Email: _____	Phone: _____
Authorized Agent / Permit holder: _____	CT License No. _____
Address: _____	
Email: _____	Phone: _____
Authorized Agent No. 2 _____	Address: _____
Email: _____	Phone: _____

### BUILDING / STRUCTURE INFORMATION

Section of Town  
 Central  Outlying  Byram  Pemberwick  Glenville  Cos Cob  Riverside  Old Greenwich

Proposed Use \_\_\_\_\_ No. of Living Units \_\_\_\_\_

No. of Stories \_\_\_\_\_ No. of Rooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_

**DESCRIPTION OF WORK :** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>BUILDING CODE INFORMATION</b>
<input type="checkbox"/> 2015 IBC [2018 CSBC]
<input type="checkbox"/> 2015 IRC [2018 CSBC]
Use Group _____
Const Type _____
Sprinkler Sys. <input type="checkbox"/> Yes <input type="checkbox"/> No
Threshold Bldg. <input type="checkbox"/> Yes <input type="checkbox"/> No
Flood Zone <input type="checkbox"/> Yes <input type="checkbox"/> No
Elevation _____

Value of Work: _____	Reviewed by: _____	Type of Sewer Disposal - <input type="checkbox"/> Town <input type="checkbox"/> Septic
Permit Fee: _____	<b>Permit Conditions</b> <input type="checkbox"/> Permit Conditions Apply <input type="checkbox"/> GFM Approval <input type="checkbox"/> Sewer Division Approval <input type="checkbox"/> Highway Division Approval <input type="checkbox"/> Health Dept. Approval <input type="checkbox"/> State Elevator Approval Req'd. <input type="checkbox"/> TSDM Applies <input type="checkbox"/> PE Cert. of Flood Elevation <input type="checkbox"/> Final Evaluation <input type="checkbox"/> Permit pick-up <input type="checkbox"/> Mail Permit	Tax Stamp
CT State Fee: _____		
Total Fee Due: _____		
Receipt No. _____		

BUILDING PERMIT APPLICATION  
FOR  
NEW BUILDING OR STRUCTURE

THE UNDERSIGNED PROPERTY OWNER, BEING DULY SWORN, DEPOSES AND SAYS:

1. That he/she is the current owner of the premises described on this application for a building permit.
2. In accordance with the CT General Statutes, that the below said agent / permit holder is duly authorized on behalf of the owner to execute and complete this application.
3. That the work described in this application is duly authorized by the current owner.
4. That the undersigned agent / permit holder is hereby designated as the owner's representative with whom the Division of Building Inspection, DPW may deal with in respect to the work under this application.
5. That this authorization shall continue unless revoked by the owner by giving written notice of revocation to the Division of Building Inspection, DPW.

AUTHORIZED AGENT / PERMIT HOLDER

CURRENT OWNER NOTARIZED AUTHORIZATION

CT REG. / LICENSE No. \_\_\_\_\_

Owner's Name (print) \_\_\_\_\_

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Subscribed and sworn to, and before me on this

Phone No. \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Permit Pick-up Requested  Mail Permit

Notary Public signature:

Contact Name (print) \_\_\_\_\_

\_\_\_\_\_

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

**AMENDMENTS TO AUTHORIZED AGENT / PERMIT HOLDER**

**#1 AUTHORIZED AGENT / PERMIT HOLDER**

**#2 AUTHORIZED AGENT / PERMIT HOLDER**

CT REG. / LICENSE No. \_\_\_\_\_

CT REG. / LICENSE No. \_\_\_\_\_

Name (print) \_\_\_\_\_

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Permit Pick-up Requested  Mail Permit

Permit Pick-up Requested  Mail Permit

Contact Name (print) \_\_\_\_\_

Contact Name (print) \_\_\_\_\_

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

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