



PERMIT APPLICATION

Middletown Building Department
TEL: (860) 638-4870 FAX: (860) 638-1970

Check all that apply

Building Permit	Electrical Permit	Plumbing Permit	HVAC Permit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proposed Job Location (address): _____

Description of Work:

Estimated Cost of Work (materials & labor): \$ _____ Permit Fee (office use only): \$ _____

#of Dwelling Units: _____ Type of Property: Residential ____ Commercial ____

Applicant Information:

Name/Business: _____

Address: _____ City/State/Zip _____

Phone: _____ Email (how approved permit is sent): _____

Contractor's License # (if applicable) _____

Property Owner Information:

Name: _____

Mailing Address: _____ City/State/Zip _____

Affidavit and Agreement (check one)

I hereby certify that **I am the owner** of the property, OR **I am the authorized agent** of the property owner, which is the subject of this application. I agree to call in advance for each trade inspection and not to conceal any work before inspection; I understand this is an application for a permit and in no way an authorization to start work, unless authorized by the Building Official under certain circumstances. I understand that when a permit is issued, it is to begin the approved work and grants no right to violate any code, ordinance or statute. I understand that no refunds will be issued if a job is canceled once the application has been received by the Building Department.

I HAVE READ AND AGREE TO ALL THE ABOVE

Applicant Name: _____ Signature: _____