



Town of North Haven Gas Permit Application

DATE: _____

Telephone (203)239-5321 Ext. 405

PROPERTY INFORMATION

Residential

Non Residential

ADDRESS : _____

Bus. Name: _____

Unit # _____

Floor: _____

Stories _____

Building Height: _____

S.F. of Unit _____

Total Building S.F. _____

Fire sprinklers

YES

NO

Property in a Flood Zone

YES

NO

Property contains Easements

YES

NO

Public Sewer

YES

NO

Public Water supply

YES

NO

Contains Wetlands

YES

NO

Is work in a Confined Space

YES

NO

CBYD Number (if required) _____

Start Date: _____

APPLICANT INFORMATION

Applicant is:

Owner

Contractor

Other

*see below

Name: _____

Telephone: _____

Address: _____

FAX: _____

E-mail: _____

License # & Type: _____

Exp. Date: _____

* Agent Name: _____

Telephone: _____

E-mail: _____

PROJECT INFORMATION (Natural _____ or Propane _____)

New Construction

Addition

Renovation

Tenant Fit Out

Other _____

Detailed Description of Work: _____

Building Set Backs (for this project):

Required:

Front: _____

Rear: _____

Side #1: _____

#2: _____

Lot coverage

%

Provided:

Front: _____

Rear: _____

Side #1: _____

#2: _____

Lot coverage

%

Permit fees:

Value of Work: \$ _____
(include labor and materials)

Bldg Fee \$ _____

Other Fee \$ _____

Fire fee \$ _____

Receipt # _____

Total \$ _____

OVER

REQUIRED DOCUMENTS

Prior to any review process the following must be provided

- Plot plan/Zoning approval** -To scale/Site plan (detailing the existing & proposed work to be done) or detailed plan of work to be performed (may require an A-2 survey, depending on scope of work)
- Architectural plan** detailing the Existing Building and Proposed work. (1) set to Fire and (2) sets for Building
Plans must show: Current & proposed use in all spaces including sq feet of proposed work area and total sq feet of Bldg
- Stamped Drawings** Not required
- Workers' Compensation** or Waiver Affidavit.

Current Occupancy: _____
Proposed Occupancy: _____

Occupancy codes: A-1 to A-5, B, E, F1 or F-2, H-1 to H-5, I-1 to I-14, M, R-1 to R-4, S-1 or S-2. Occupancy classifications are listed in Ch. 3 of the International Building Code. If you are uncertain of the correct occupancy code, please contact your design professional.

Type of Construction: _____

*Construction codes: IA or B, IIA or B, IIIA or B, IV, VA or B
Types of construction are described in Ch.6 of the International Building Code. If you are unsure of the type of construction, please contact your design professional.*

Additional Permits or Information may be required, depending on the nature of the property and project.
If you are unsure whether these are required, please review this list with the Building Inspector.

	#First Flr	#Second Flr	#Other:		#First Flr	#Second Flr	#Other:
<input type="checkbox"/> Generator	_____	_____	_____	Heat/A.C.	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Cooking	_____	_____	_____	Wtr heater	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Fire place	_____	_____	_____	Pool Heater	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Log set	_____	_____	_____	Other	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Grill	_____	_____	_____				

APPLICANT :

I hereby certify that I am the Owner of the property which is the subject of this application, or the authorized agent of the property owner and have been authorized to make this application. I understand that when a permit is issued, it is a permit to proceed and grants no right to violate the State Building Code or any other code, regulation, ordinance or statute, regardless of what might be shown or omitted on the submitted plans and specifications. All information contained within is true and accurate to the best of my knowledge and belief. All permits approved are subject to inspections. In addition I authorize the Town of North Haven to properly dispose of all residential construction plans two (2) years after issuance of the Certificate of Occupancy or Final inspection, unless written request is submitted to the Building Office prior to that time.

<input type="checkbox"/>	_____	DATE
	APPLICANT SIGNATURE	
<input type="checkbox"/>	_____	DATE
	Health Department Signature	
<input type="checkbox"/>	_____	DATE
	Zoning Official Signature	
<input type="checkbox"/>	_____	DATE
	Town Engineer Signature	
<input type="checkbox"/>	_____	DATE
	Fire Marshal Signature	
<input type="checkbox"/>	_____	DATE
	Tax Collector	
<input type="checkbox"/>	_____	DATE
	Building Official Signature	