

TOWN OF EASTON



BUILDING PERMIT

ENTIRE APPLICATION MUST BE FILLED & SIGNED

PERMIT #

Owners Name:

Job Address:

Phone

E-mail:

If you are the homeowner and you are taking out this permit, you will need to fill out 7b and have it notarized

Contractor:

Contact Person:

Address:

City/Town:

State:

Zip:

Cell #:

E-mail:

License No.:

Expiration Date:

JOB COST: \$

☐ Worker's Comp Insurance: please attached a copy to permit (or) Notarized 7B

JOB DESCRIPTION: (this must be filled out)

I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements and provisions of the BUILDING CODE of the STATE of CONNECTICUT and the Ordinances of the TOWN of Easton as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work, and to give the applicable local and state requirements precedence over other written specifications, drawings and instructions. I further agree to cooperate with and assist the Officials of the TOWN of Easton in their inspections of this work, and in the enforcement of applicable local and state codes and regulations.

I hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described, and that I have the necessary legal right and authority to proceed with the work herein outlined, and that the information I have given is true and correct, and that the cost estimate is accurate to the best of my knowledge.

I authorize the Town of Easton to properly dispose of all residential construction plans two years after issuance of the Certificate of Occupancy unless written request is submitted to the Building Department within that time. This permit will expire unless work is commenced within 180 days.

Signature of Applicant: _____

Date: _____

THIS SECTION TO BE FILLEDOUT BY PLAN REVIEWER

Cost of Construction	\$ _____
Building Permit Fee	\$ _____
C.O. Fee	\$ _____
Admin Fee	\$ _____
TOTAL	\$ _____

Building Official Signature:

Date: