



TOWN OF OLD SAYBROOK

Building Department

www.oldsaybrookct.gov
302 Main Street
Old Saybrook, CT 06475
(860) 395-3130

FOR OFFICE USE

Date Received: ____/____/____		Permit #: _____	
Map: _____ Lot: _____		Flood Zone: Y (____) / N	
LIC: Yes ☐ No ☐ EXP: ____/____/____		CLI: Yes ☐ No ☐ EXP: ____/____/____	
FM#: _____		ZC#: _____	
Permit Fee Paid: \$ _____		Payment Type: Check ☐ Cash ☐ Card ☐ Reference #: _____	

BEGIN APPLICATION BELOW

Where will the work take place?

Property Address: _____ Old Saybrook, CT 06475

This property is a:

Residence ☐ Commercial Property ☐ Name of Business: _____

Description of Proposed Work: _____

Please Note: Work must begin within 180 calendar days. Site plan must be included for all new construction.

How much will this job cost, including parts and labor?

Construction Costs:

Improvement: \$ _____

Electrical: \$ _____ → CRS #: _____

Plumbing: \$ _____

Heating/AC: \$ _____

Total Valuation: \$ _____

Roofing:

of Squares: _____

RIP? Yes ☐ No ☐

Property Owner/Lessee:

Mailing Address: _____

Email Address: _____ Phone #: _____ City _____ State _____ Zip _____

Contractor Name & Company:

Mailing Address: _____

Email Address: _____ Phone #: _____ City _____ State _____ Zip _____

License Number: _____

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as her/his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce provisions of the code(s) applicable to such permit. Any application for which a permit has not been issued within 180 days of the date of application shall be considered void and any fees associated with that application will be forfeited.

Applicant:

Signature _____ Print Name _____ Date _____

Mailing Address: _____

City _____ State _____ Zip _____

Email Address: _____ Phone #: _____

FOR OFFICE USE

Approved By: _____	Date: ____/____/____	Type: _____	Use Group: _____
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